



United Way of Chester County, Inc.

Authorization Agreement for Electronic Deposit

ORGANIZATION NAME: _____

ADDRESS: _____

TAX ID NUMBER: _____

ACCOUNT TYPE: _____ CHECKING _____ SAVINGS/MONEY MARKET

BANK NAME: _____

BANK CONTACT: _____ PHONE NUMBER: _____

TRANSIT/ABA/ROUTING NUMBER: _____
(9 digits usually preceding account # on checks)

ACCOUNT NUMBER: _____

I, (we), hereby authorize UNITED WAY OF CHESTER COUNTY, INC., herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above, hereinafter called DEPOSITORY.

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination allowing 14 days for processing.

NAME(S) ON ACCOUNT: _____
(Please Print)

SIGNATURE(S): _____ DATE: _____

AGENCY CONTACT PERSON: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

Please return completed form to adavis@uwchestercounty.org, FAX to 610-738-8990, or mail to

United Way of Chester County
495 Thomas Jones Way, Suite 302
Exton, PA 19341