

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**



Tax ID #59-2116280

I (we) hereby authorize The United Way of Central Florida to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking account indicated below and the financial institution named below, to credit and/or debit the same to such account.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRANSIT/ABA # _____ ACCT # _____
(9 positions)

This authority is to remain in full force and effect until your company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford your company and the financial institution named above a reasonable opportunity to act on it.

COMPANY: _____

TAX ID # _____ DATE: _____

* AUTHORIZED SIGNATURE: _____

PRINT / TYPE NAME: _____

* AUTHORIZED SIGNATURE: _____

PRINT / TYPE NAME: _____

EMAIL CONTACT ADDRESS: _____

* Only those authorized to sign checks are authorized to sign this agreement. Two signatures required for accounts requiring same for checks.

Please mail or email this completed form to:

Mailing Address: UWCF
PO Box 1357
Highland City, FL 33846-1357
Email: Finance@uwcf.org
Phone: (863) 648-1500 x235

Thank you!

UWCF VENDOR #

ANDAR #



UWCF.ORG



UNITEDWAYOFCENTRALFLORIDA



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