

Authorization Agreement for EFT/ACH Deposit



COMPANY/ORGANIZATION NAME: _____

COMPANY/ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ Federal EIN: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

Electronic Funds Transfer Authorization

BANK NAME: _____

TRANSIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I (we) herby authorize **Spokane County United Way**, hereinafter called AGENCY, to initiate credit entries to my (our)

Checking **Savings** (select one) indicated at the depository name below, hereinafter called DEPOSITORY, to credit the same to such account.

| | |
|---------------------|------|
| AUTHORIZATION: | |
| PRINTED NAME: _____ | |
| _____ | |
| SIGNATURE | DATE |

The authorization is to remain in full force and effect until AGENCY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AGENCY and DEPOSITORY a reasonable opportunity to act on it.

NOTE: ALL WRITTEN CREDIT AUTHROIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATIONS ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SEPCIFICED IN THE AUTHROIZATION.

Please send voided check with this authorization.

PLEASE FORWARD THIS INFORMATION TO:

SPOKANE COUNTY UNITED WAY
ATTENTION: FINANCE
920 N WASHINGTON ST. STE 100
SPOKANE, WA 99201

PHONE: (509) 838-6581

FAX: (509) 624-0840

EMAIL: finance@unitedwayspokane.org

PLEASE SUBMIT THIS FORM WITH ANY NEW AND OR REVISED INFORMATION