

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

United Way of Central Florida

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 PRINT & COMPLETE.

PLEASE MAIL, FAX OR SCAN AND EMAIL THIS COMPLETED FORM TO:

Mailing address: UWCF, PO BOX 1357, HIGHLAND CITY, FL 33846-1357

FAX #: 863-648-1535

EMAIL: Jackie.ouzts@uwcf.org

Phone: 863-648-1500 X252

Thank you!

UWCF VENDOR #

ANDAR #

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