

**United Way of Greater New Haven**

370 James Street, Suite 403  
New Haven, CT 06513  
Tel 203-772-2010  
Fax 203-773-0332  
uwgnh.org

**AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS VIA ACH**

Organization or Individual Name: \_\_\_\_\_

Company EIN or Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

Finance Contact (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Type:

Savings

Checking

ABA Routing No. \_\_\_\_\_

Account No.: \_\_\_\_\_

I, (we) hereby authorize **United Way of Greater New Haven**, herein called COMPANY, to initiate CREDIT entries 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 15 days for processing.

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Authorized Signature

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Date

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Printed Name

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Title

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**Please attach a VOIDED check** OR your banking information on bank letterhead. Our bank requires that this information be kept on record in our files.