United Way
of Sumner County

Please complete the information below, including a signature that authorizes your payment to be issues through Electronic Funds Transfer. Please also include a copy of a voided check (for a checking account) or deposit slip (for a savings account).

AUTHORIZATION AGREEMENT

I (we) hereby authorize United Way of Sumner County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Agency Name_____

Agency Mailing Address _____

City, State, Zip_____

ELECTRONIC FUNDS TRANSFER INFORMATION

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

ACCOUNT TYPE CHECKING ( ) SAVINGS ( )

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

_____ _____ _____

(Printed Name) (Signature) (Date)