UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NEW JERSEY
ACH CREDIT AUTHORIZATION FORM

I (we) hereby authorize United Way of Greater Philadelphia & Southern New Jersey (UWGPSNJ) to initiate credit entries to our checking/savings account at the financial institution indicated below. This authority will remain in effect until UWGPSNJ is notified by me (us) in writing to cancel it in such time as to afford UWGPSNJ and the financial institution a reasonable opportunity to act.

_____ _____
User ID Agency Name

_____
Agency Address

_____
Agency's Finance Contact

_____ _____
Title Email Address

Account Type: **□ Checking Account** **□ Savings Account**

Name of Financial Institution: _____

Financial Institution Routing Number (9 Digits): __ __ __ __ __ __ __ __ __

Checking/Savings Account Number: _____

_____ _____
Authorized Signature Title

_____ _____
Print Name Date

Please include a copy of a voided check with this agreement for verification of your routing and account number.

This form can be faxed or mailed to:
Rene Bennett, Associate Director of Accounting
United Way of Greater Philadelphia & Southern New Jersey
1709 Benjamin Franklin Parkway
Philadelphia, PA 19103
Phone: 215-665-2607 Fax: 665-2646
Email: rbennett@uwgpsnj.org