



of Addison County

PO Box 555, Middlebury, VT 05753

802-388-7189

steve@unitedwayaddisoncounty.org

Direct Payment (ACH DEBITS) Agreement Form for UWAC Donor Payments

Authorization Agreement

I hereby authorize **United Way of Addison County** to initiate debit entries to my account at the financial institution named below. I also authorize **United Way of Addison County** to make deposits to this account in the event that a debit entry is made in error.

This agreement will remain in effect until **United Way of Addison County** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to United Way of Addison County. The debit amount may be adjusted per information submitted annually on my pledge card.

Donor Name: _____

Donor Address: _____

Donor Phone: _____ Email: _____

Account Information

Name of Financial Institution: _____

Address: _____

Routing Number: _____

Account Number: _____ Checking Savings

Information below to be determined annually per pledge card:

Total Pledge Amount: \$ _____

To be debited: _____ Monthly _____ Annually, on the _____ 15th of the month,

or, _____ the last business day of the month Start Date: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the United Way of Addison County.