

United Way of Northwest Illinois, Inc.



AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

I (we) hereby authorize United Way of Northwest Illinois, Inc. to initiate **debit** entries to my (our) () **Checking** or () **Savings Account (select one)** at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

My Routing Number _____

Account Number _____

Total Pledge Amount \$ _____

Amount per month \$ _____ Beginning on ____/____/____ & Ending on ____/____/____

This authorization is to remain in full force, for one full year from the first transaction (twelve total transactions unless United Way has received written notification from me (or either of us) of its termination in such time and manner as to afford United Way and the Financial Institutions a reasonable opportunity to act on it.

Name _____ ID No. (leave blank) _____
(Please Print)

Signature X _____ Date ____/____/____

Name _____ ID No. (leave blank) _____
(Please Print)

Signature X _____ Date ____/____/____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE DONOR MAY REVOKE THIS AUTHORIZATION ONLY BY NOTIFYING THE UNITED WAY IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check for the above account and return to

*United Way of Northwest Ill, Inc.
524 W. Stephenson St., Suite 101
Freeport, IL 61032
815-232-5184*