

Electronic Funds Transfer Authorization

I hereby authorize United Way of Northwest Illinois to deduct my contribution directly from my bank account. I have attached a voided check for the account specified. This authorization is to remain in effect until the company has received a written authorization detailing its termination or change.

Also, I grant the United Way of Northwest Illinois the right to correct any Electronic Funds Transfer errors by either debiting my account(s) in the event of an under payment or crediting additional funds to my account(s) in the event of an overpayment.

Name:	
Address:	
Phone: ()	Cell: ()
Email Address:	
Account Information: Checking	Savings (Check only one please)
Financial Institution Name:	
Address:	
Telephone: ()	
Routing Number:	
Account Number:	
Effective Date :	Quarterly
Signature:	Date:
Attach Voided	Check Here