UNITED WAY
Northwest Illinois

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: _____ Amount $ _____

Frequency: Semi-Monthly _____ Monthly _____ Quarterly _____

Semi-Annually _____ Annually _____ Other _____

Signature: _____ Date: _____

Attach Voided Check Here

UNITED WAY OF NORTHWEST ILLINOIS, INC.

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