

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

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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 emailed to [finance@unitedforimpact.org](mailto:finance@unitedforimpact.org)**