

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

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 faxed or mailed to:
Rene Bennett, Associate Director of Accounting
United Way of Greater Philadelphia & Southern New Jersey
1800 JFK Boulevard, #1200
Philadelphia, PA 19103
Phone: 215-665-2607 Fax: 665-2646
Email: rbennett@uwgpsnj.org**