

AUTHORIZATION AGREEMENT FOR ACH CREDITS

United Way of Lee County Inc.
dba United Way of Lee, Hendry and Glades Counties
EIN: 59-1005169

I (We) hereby authorize United Way of Lee County, Inc., herein called the Client, to initiate credit entries and/or correction entries to our _____ CHECKING _____ SAVINGS account (Select one) indicated below at the depository named below, herein called Depository, to credit the same such account. (We) acknowledge that the origination of the ACH transactions to my (Our) account must comply with the provisions of U.S. Law.

_____ **DEPOSITORY NAME**

_____ **BRANCH**

_____ **CITY, STATE**

_____ **BANK TRANSIT/ROUTING/ABA NUMBER**

_____ **ACCOUNT NUMBER**

This authorization is to remain in full force until Client has received written notification from me (Us) of its termination in such time and in such manner as to afford Client and Depository reasonable opportunity to act upon it.

_____ **Name of AGENCY/COMPANY**

_____ **TAX ID**

_____ **ADDRESS**

_____ **CITY, STATE, ZIP**

_____ **Signature** _____ **DATE**

_____ **Signature** _____ **DATE**

Email

PLEASE SUPPLY COPY OF VOIDED CHECK or BANK LETTER