Please send completed form along with required documents to:

United Way of Alamance County via grant management dashboard

Questions please call (336) 438-2000

## ELECTRONIC FUND TRANSFER/ACH AUTHORIZATION AGREEMENT

## A copy of a voided check or deposit slip is required!

Organization Name: <i>Must match the name appearing on the</i>	501(c)(3)
Main Address:	City/State/Zip:
Mailing Address (if different from above):	
Organization Phone:	Organization Fax:
Federal Employer Identification Number:	
United Way will send an email notification with each transfer to the contact person named below	
to allow you to reconcile the payment to a list of donors available on our website.	
Contact Person/Title:	Contact Email:
Contact Phone: (if different from above)	Contact Fax: (if different from above)
A copy of a voided check, deposit slip, or confirmation on bank letterhead is required to confirm ownership of this account.	
Information below must match the details on the check/deposit slip.	
Bank Account Name:	ABA# (Routing #):
	9 digit number between the colons on the bottom of your check.
Bank Account Number:	Contact your financial institution if you are unsure of your ABA#.
Checking Account Savings Account	Numeric Field
Bank Name:	Bank Address:

## CERTIFYING OFFICIAL

I, \_\_\_\_\_\_, am the duly appointed representative of \_\_\_\_\_\_\_ and am authorized to certify and affirm all statements enclosed in this Electronic Funds Transfer Agreement. I (we) hereby authorize United Way of Alamance County to initiate credit entries in the account listed above. Furthermore, I hereby certify that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.

Signature

Title