



United Way California Capital Region

Authorization for Automatic Transactions to Bank Account

Sign up for EFT to get paid monthly for donations

Nonprofits that sign up for EFT will be paid monthly instead of quarterly

Please complete this form and attach a copy of a voided check

** If your organization uses a savings account, please submit an official letter from your bank providing your routing number and account number.*

Please email both items to customer.service@uwccr.org

Action Request: _____ START _____ CHANGE _____ CANCEL

My Organization's Name: _____

My Vendor Number in Andar: (listed on your current checks from UWCCR) _____

My Bank's Name: _____

My Bank's Routing Number for ACH: _____

My Bank Account Number: _____

I hereby authorize the United Way California Capital region to deposit funds ("Credit") **in any amount** to my _____ checking _____ savings account ("My Bank Account") identified above at My Bank identified above through the Automated Clearing House system. I also authorize United Way California Capital Region to initiate withdrawals ("debits") from My Bank Account to correct any errors that may have been made with credits to My Bank Account. I authorize My Bank to process these credits to and debits from My Bank Account. **I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**

This authorization will remain effective until I give United Way California Capital Region written notice to the contrary and the United Way California Capital Region has had a reasonable period of time to act on that notice. My revocation of United Way California Capital Region authority to initiate credits to My Bank Account will not affect United Way California Capital Region right to initiate debits to My Bank Account to correct or adjust a credit processed before my revocation of authority has become effective.

I warrant to United Way California Capital Region and to United Way California Capital Region's Bank that:

_____ Only my signature is needed on this authorization to make it effective for My Bank Account.

_____ Everyone whose signature is needed on this authorization to make it effective for My Bank Account has signed it.

Date: _____

Date: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

UWCCR INTERNAL USE ONLY: Entered by: _____ Date: _____