

It's easy to give on a regular basis through your checking or savings account. Just print, complete and sign this form and return to the United Way of Washington County-East by: Mail, PO Box 305, Stillwater, MN 55082 or bring to our office at 1825 Curve Crest Blvd, Stillwater (651-439-3838).

**AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS  
(ACH DEBITS)**

I want to help build better lives by supporting my local United Way of Washington County-East. I hereby authorize the United Way of Washington County-East, to initiate debit entries to the

**Checking Account** /  **Savings Account** (select one) indicated below.

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**Banking account Information:**

Routing Number \_\_\_\_\_  
 Account Number \_\_\_\_\_

Please debit funds as follows:

Amount(s) of Debit(s) \_\_\_\_\_

**Recurring debits on the 15<sup>th</sup> day\* of each month** beginning \_\_\_\_\_(xx/xx)  
*(By selecting the 15<sup>th</sup> of the month, United Way is able to reduce banking fees and put more of your dollars to work in the community. If you prefer a different date, please indicate that below.)*

Recurring debits on the \_\_\_\_ day\* of each month starting \_\_\_\_\_(xx/xx)

This authorization is to remain in effect until United Way of Washington County-East has received written notice of its termination at least ten business days prior to the next scheduled debit transaction date.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

***Please attach a voided check or deposit slip of the account to be debited.***

A photocopy of a check or deposit slip from the account to be debited is also sufficient.

**Thank you for your pledge of support!**