

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY
DIRECT DEPOSIT AUTHORIZATION FORM United Way Milw (Bank Code)

I (we) hereby authorize United Way of Greater Milwaukee & Waukesha County to initiate credit (direct deposit) entries to our checking/savings account at the financial institution indicated below. This authority will remain in effect until United Way of Greater Milwaukee & Waukesha County is notified in writing to cancel/amend, affording United Way and the financial institution a reasonable opportunity to act.

Initiate: I understand that checking this box constitutes a legal signature and authorization to initiate direct deposit.

Change: I understand that checking this box constitutes a legal signature and authorization to change or revise as indicated below.

Agency Name

Date

Agency Address, City, State, & ZIP Code

Agency Contact

Phone

Agency Email Address

Authorized/Signing Representative

Authorized/Signing Representative Email Address

Name of Financial Institution:

Financial Institution Routing Number (9 Digits):

Checking/Savings Account Number:

Remittance Email *This email will receive payment notifications and access to reports portal.*

UPLOAD COMPLETED FORM

Please complete the form, save a copy and upload the PDF to UnitedWayGMWC.org/ACH
The site will prompt for contact information and then allow you to browse and upload file.

