

# AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

We hereby authorize the direct deposit of our Designation payment by United Way of the Capital Region in the account and financial institution indicated below. Such direct deposit will be made monthly/quarterly, unless we choose to terminate this agreement in writing to United Way of the Capital Region. Any such notification to United Way of the Capital Region shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that United Way of the Capital Region deposits funds erroneously into the account listed below, we authorize United Way of the Capital Region to debit the account for an amount not to exceed the original amount of the credit. **United Way of the Capital Region will NEVER debit your account without your agency's approval.**

Agency Name

Federal ID # (EIN)

Agency Address, City/State/Zip

Phone Number

Name of Financial Institution

Financial Institution Address, City/State/Zip

Transit Routing Number

Account Number

Checking

or

Savings

A copy of a voided check or letter from your bank is required!

Payment Notification Contact Name

Payment Notification Contact Email

*(please attach list if there are additional people to notify when a payment is made via email)*

***Our agency chooses not to receive electronic payments at this time (please note that UWCR cannot guarantee timely delivery of your payment if you choose not to receive payments electronically). Your agency MUST STILL complete the Patriot Act section below and sign this form in order to receive payments).***

## **PATRIOT ACT COMPLIANCE:**

- A. This organization adheres to accepted financial and record-keeping standards.
- B. This organization does not knowingly provide financial, technical, in-kind, or material support to any individual or entity that supports or engages in terrorist activity. Furthermore, this organization takes responsible steps to ensure that its funds and resources are not used by this organization, or any organization to which these funds are distributed or re-granted, to support terrorists or terrorist activity.
- C. None of our officers, directors, or affiliated organizations (e.g. subsidiaries or parent organizations) support or engage in terrorist activity.

**Our organization certifies the above as an adoption of counter-terrorism certification:      YES      NO**

Authorized Signature *(if filling out electronically, please fill in email)*

Authorized Printed Name & Title

**Please send this form with a voided check to:**

Email it: [ecommunity@uwcr.org](mailto:ecommunity@uwcr.org)

Mail to: United Way of the Capital Region  
ATTN: EFT Finance Department  
2235 Millennium Way  
Enola, PA 17025

### Office Use Only

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*If you have any questions, please contact us at [ecommunity@uwcr.org](mailto:ecommunity@uwcr.org) or 717.724.4078.*