

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT



United Way of the Plains

I authorize United Way of the Plains, Inc. to withdraw from my checking/savings account \$ _____ (\$5 min.) on the sixteenth of each month, beginning _____.
(month/year)

I request that my gift be directed to help in (choose one):

- South central Kansas, including Sedgwick, Butler, Cowley and Sumner Counties
- Cowley County

Name _____

Employer _____

Home address _____

City, state, zip _____

In the event you need to contact me about this form, please use the following phone number or email:

ATTACH A PERSONAL, VOIDED CHECK OR FILL OUT THE INFORMATION BELOW.

Name of financial institution _____

ABA number (9-digit routing number) _____

Account number _____

Name on account _____

This authorization will remain in effect until cancelled by me in writing and, until you receive such notice, I agree that you shall be fully protected in honoring any such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

SIGNATURE _____ **DATE** ____ / ____ / ____

We must have signature to process. Information on this form will be treated in a confidential and secure manner.

COMPLETE AND MAIL TO:

Finance Department
United Way of the Plains
245 N. Water St.
Wichita, KS 67202

QUESTIONS? Contact United Way at 267-1321.