



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

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)

Name: _____

Employer: _____

Home Address: _____

City, State, ZIP code: _____

Phone: _____ 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 your signature to process. By providing your email, you will receive updates from United Way of the Plains. You can unsubscribe at any time. Gifts to United Way of the Plains are tax deductible to the extent allowed by law. Pressure to give is unacceptable. United Way did not provide any goods or services in exchange for this donation. Please keep a copy of this form for your personal tax records.

Complete and mail to:

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