



Authorization for Direct Deposit of Remittances

I hereby authorize United Way of Southeast Louisiana to initiate credit entries (ACH Deposits) to this account in the depository listed below.

This authority shall remain in full force and effect until United Way of Southeast Louisiana has written notification of its termination and in such time and manner to afford United Way of Southeast Louisiana and Depository a reasonable opportunity to act upon it.

Name (Please Print): _____

By: _____ Date: _____
Authorized Signature

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Bank: _____

Bank Phone #: _____

Bank Address: _____

Bank Routing Number: _____

Type of Account: ___Checking ___Savings

Bank Account Number: _____

