



# UNITED WAY OF BRISTOL TN-VA, INC.

## ACH Debit Authorization Form

I (we) hereby authorize United Way of Bristol to initiate a Charge entry to my (our) checking/ savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until United Way of Bristol is notified by me (us) in writing to cancel it in such time as to afford United Way of Bristol and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Location (City, State)

\_\_\_\_\_  
Financial Institution's Routing Transit Number (Look between symbols ": :") on your check)

\_\_\_\_\_  
Donor Name (Please Print)

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Donor Home Street Address

\_\_\_\_\_  
Donor Home City, State, Zip

**Total Gift: \$** \_\_\_\_\_

\_\_\_\_\_  
Checking Account Number  
**OR**

\_\_\_\_\_  
Savings Account Number

**Deduction Amount \$** \_\_\_\_\_

Date of deduction (please choose)

One-time charge \_\_\_\_\_

15<sup>th</sup> of the month \_\_\_\_\_

30<sup>th</sup> of the month \_\_\_\_\_

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

**\*\*PLEASE ATTACH A COPY OF A CANCELED CHECK OR DEPOSIT SLIP\*\***