



United Way  
of Etowah County

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME (S) \_\_\_\_\_

I (we) hereby authorize United Way of Etowah County, hereinafter called COMPANY, to initiate debit entries to my (our)   Checking    Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) \_\_\_\_\_

(PLEASE PRINT)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_