



Penn Liberty Plaza One
1250 Penn Avenue
PO Box 735
Pittsburgh, PA 15230-0735

**AUTOMATIC CLEARING HOUSE (ACH)
AUTHORIZATION AGREEMENT**

AGENCY NAME:
ADDRESS:
VENDOR ID #

I, here by authorize the United Way of Southwestern Pennsylvania to initiate the processing of contributor choice and / or grant payments through automatic bank deposits, and to initiate, if necessary, adjustments for any entries made in error to the account indicated below and the depository financial institution named below.

For Direct Deposit, please complete all the Account Information below, attach a voided check and return to:

United Way of Southwestern PA
Attention: Financial Services
1250 Penn Avenue
Pittsburgh, PA 15222
Or email: payables@unitedwayswpa.org

Company/Organization Name: _____

Address: _____

EIN#: _____

Contact Phone Number: _____

Contact Name and Title: _____

Contact Email Address: _____

Name of Banking Institution: _____

Routing #: _____

Account#: _____

We do not wish to receive payments via ACH deposits. (A check will be mailed to you if you choose this option).

Signature: _____ **Date:** _____