



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

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

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: _____

Type of Account: Checking Savings

Routing #: _____

Account#: _____

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

I hereby certify that _____ (agency name) continues to:

1. have an IRS classification that established our tax exempt status and allows contributors to take contributions as deductions on their income tax statement; and
2. comply with all federal, state, county and municipal requirements applying to our organization and the service provided.

Further, if the agency resides in Pennsylvania it is either:

Registered and meets the requirements of the Pennsylvania Solicitation of Funds for Charitable Purposes Act as passed by the Pennsylvania Legislature in December 1990

Is not required to be registered

Signature: _____ **Date:** _____