



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

AGENCY NAME: \_\_\_\_\_ AGENCY FEDERAL ID #: \_\_\_\_\_

(we) hereby authorize **United Way of Yellowstone County**, hereinafter called AGENCY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) ( ) **Checking** ( ) **Savings** account (select one) indicated at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**DEPOSITORY (BANK)**

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

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

ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Please Print)

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE BE SURE TO PROVIDE A COPY OF A VOIDED CHECK FOR VERIFICATION OF ROUTING AND ACCOUNT NUMBER. THE FORM CAN BE FAXED OR MAILED TO:

KATHRYN CHIOUTSIS  
FINANCE MANAGER  
P.O. BOX 669  
BILLINGS, MT 59103  
(406) 252-3830 Fax (406) 252-3839, EXT. 12 Phone  
kathryn.chioutsis@unitedway.org