

CAPITAL AREA UNITED WAY



Capital Area United Way
Clinton | Eaton | Ingham

Electronic Funds Transfer Authorization

Organization Legal Name: _____

DBA/Business Name if Different: _____

Federal Tax ID Number (EIN): _____

Address: _____

Bank Name: _____

Transit/ABA/Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Contact Person for Payment Notifications: _____

Email Address for Payment Notifications: _____

Phone Number for Payment Notifications: _____

The vendor hereby authorizes Capital Area United Way to deposit funds to the account indicated above and, if necessary upon notice, withdraw funds deposited in error to which the vendor is not entitled from that account.

This authorization is to remain in full force until Capital Area United Way has received written notification from vendor of its termination allowing 14 days for processing.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Please send your completed form and voided check
to: James Eddy at J.Eddy@micauw.org

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