

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:
Maryann Louney at M.Louney@micauw.org

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