

Helping people.



Name: _____

Bank Routing Number: _____

Account Number: _____

*Include Voided Check

(Please check whether you are using your checking or savings account)

- Checking Account
- Savings Account

I, _____ authorize Monroe County United Way to automatically draft my account on the 15th day of 20__ in the amount of \$_____.

- Monthly
- Every ____ months

Signature

Date

United Way of Monroe County thanks you for your
generosity.