

# DIRECT DEPOSIT AUTHORIZATION FORM

<b>Agency Name</b>	
<b>Bank Name</b>	

**\* Note Bank Transit Number MUST be a 9 digit number\***

<b>Bank Transit Number</b>	
<b>Account Number</b>	
<b>Type of Account</b> (Checking or Savings)	
<b>Contact Person</b>	
<b>E-mail Address</b>	

I authorize United Way of St. Joseph County to deposit payments directly to the above noted bank account. I also authorize United Way of St. Joseph County to make any adjustments for any over-deposits that may occur. This authority will remain in effect until I cancel it in writing. I understand any change or update to my routing or account number information requires my account to be pre-noted again, and I may receive at least one check during this transition.

Authorizing Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return with a voided check (if checking account) or a voided deposit ticket (if savings account) to:

United Way of St. Joseph County  
Attn: Tiffany Miller  
3517 E. Jefferson Blvd  
South Bend, IN 46615

Phone: (574) 232-8201, ext. 248  
Fax: (574) 239-2251  
Email: [tmiller@uwsjc.org](mailto:tmiller@uwsjc.org)