



UNITED WAY OF OXFORD-LAFAYETTE COUNTY
AUTHORIZATION FOR AUTOMATIC DIRECT PAYMENT

Company Name: UNITED WAY OF OXFORD-LAFAYETTE COUNTY, INC. (the Company)

I / We authorize the Company to initiate debit entries to my / our account at the depository institution described below, for the purpose of accomplishing the following preauthorized payments:

I / We acknowledge that the origination of these transactions must comply with provisions of U.S. LAW.

FINANCIAL INSTITUTION'S NAME: _____

FINANCIAL INSTITUTION'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF ACCOUNT: [] CHECKING ACCOUNT [] SAVINGS ACCOUNT

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

AMOUNT TO BE DEBITED: _____

DEBIT FREQUENCY: [] MONTHLY [] QUARTERLY [] OTHER _____

EFFECTIVE (START) DATE: ____/____/____

TERMINATION DATE: ____/____/____

I / We understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company has received written notification from me (or either us) of its termination in such time and in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

PRINT NAME: _____

SIGNATURE: _____

DATE: ____/____/____