

# AUTOMATIC DEBIT AUTHORIZATION FORM



Authorized Account Owner: \_\_\_\_\_

Address: \_\_\_\_\_

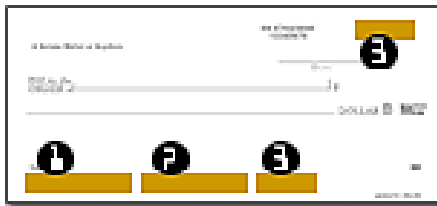
Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

United Way  
of Muskingum, Perry  
and Morgan Counties

I hereby authorize the United Way of Muskingum, Perry & Morgan Counties to originate debit (withdrawal) entries for my monthly pledge payment in the amount of, \$\_\_\_\_\_ beginning on my choice (*please circle choice*) of the **5<sup>th</sup>** or **15<sup>th</sup>** of the month and continuing on the same date for each subsequent month. Unless otherwise noted, this withdrawal will not begin until the January following the year that this form is completed.

This authorization shall continue until I give notification to cancel this authorization in writing to United Way of Muskingum, Perry & Morgan Counties, at the following mailing address: 526 Putnam Ave Zanesville Ohio 43701.



① :000067894:

Routing/Transit Number

② 125156789

Account Number

③ 1001

Next Check Starting Number

Please deduct my monthly payment from the following account:

Bank ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Type of Account (circle one):      Checking                      Savings

Bank/Financial Institution Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

ACCOUNT OWNER SIGNATURE: \_\_\_\_\_

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

**Please note: The United Way of Muskingum, Perry & Morgan Counties considers the identity and financial security of our contributors to be their most valuable possessions. We protect all donor information with approved accounting and security procedures. We never release personal donor information to any entity without prior written consent from the donor.**