

**UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY
VENDOR DIRECT DEPOSIT AUTHORIZATION**

VENDOR Name:

Section(s) 1 and/or 2 should be completed.

Section 1: BANK ACCOUNT INFORMATION-CHECKING

NAME OF BANK

CITY

ABA Bank Routing #

Account #

Copy of voided check attached

Section 2: BANK DEPOSITI CONFIRMATION: (Name and email address to contact once payment has been made)

NAME

EMAIL ADDRESS

Section 3: BANK AUTHORIZATION

I authorize United Way of San Anotonio & Bexar County to initiate credit entries (and if necessary, to initiate debit entries and adjustments for any credit entiries in error) to my bank account(s) as named above.

Authorized Signature

Date

Entered By

Date