

Automatic Bank Withdrawal Form

Making your donation payments to Greater Mankato Area United Way using Automatic Bank Withdrawal from your bank account is easy to use, easy to get started and easy to cancel.

- **Here's how it works:** First, decide how much money per month you would like to donate to United Way. Then authorize donations to be made automatically from your checking or savings account at the end of each month by filling out the authorization form below. It is that simple. Proof of payment will appear on your bank account's financial statement. The authority that you are giving us is to charge your account monthly and this will remain in effect until the end of the calendar year. **You also have the option of continuing the monthly withdrawal until you notify us to cancel; see box below to check this option.** If you ever wish to change the amount of your donation, please notify us 30 days in advance of the desired change.

Two ways to enroll:

- **Here's how to enroll through mail:** Complete the authorization form at the bottom of the page, then detach and return it to us: Greater Mankato Area United Way, 127 South 2nd Street, Suite 190, Mankato, MN 56001
- **Here's how to enroll over the phone and email:** Complete the authorization form at the bottom of the page and sign it, for your security *please leave your banking information blank*. Email the signed form to Jack Simota at JackS@MankatoUnitedWay.org and then, call Jack directly at 507.344.7281 to provide banking information to him over the phone.

For questions, email or call us at JackS@MankatoUnitedWay.org or 507.344.7281

Authorization for Direct Payment to Greater Mankato Area United Way

I authorize Greater Mankato Area United Way and the financial institution named below to initiate debit entries to my checking/savings account. The authority will remain in effect until the end of the calendar year, or until I notify GMAUW in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I understand that there may be a fee charged by my financial institution for any stop payment I authorize. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.

Print Name _____ Phone # _____

Employer Name _____

Home Email Address _____

Name of Bank or Financial Institution _____

This is a (*select one*): Checking Account ☐ Savings Account ☐

Bank Account # _____ Bank Routing # _____
(located between the 1: symbols on bottom left of check)

Amount of Monthly Deduction: \$ _____ Deductions are to begin (month/year): _____

☐ Please continue this deduction until I instruct you to discontinue it.

Signature _____ Date _____