



UNITED WAY OF NORTHERN NEW MEXICO

Restricted Contribution ACH Form
Authorization Agreement for Automatic Deposits (ACH Credits)
Attach a copy of a voided check

Request type: New ACH enrollment Change only

Organization name: _____ Federal ID Number: _____

I (we) hereby authorize **United Way of Northern New Mexico**, hereinafter called AGENCY, to initiate credit entries to my (our) (select one) **Checking** **Savings** account indicated at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository name (Bank) _____		Branch _____
City _____	State _____	Zip Code _____
Routing number _____		Account number _____

This authorization is to remain in full force and effect until AGENCY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AGENCY and DEPOSITORY a reasonable opportunity to act on it.

Name (please print) _____	Phone number _____
Signature _____	Email _____
Date _____	

Note: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manners specified in the authorization.

Please fax (505) 662-0900 or mail this form
with a copy of a voided check for verification of routing and account number to:
United Way of Northern New Mexico
Attention: Finance Director
PO Box 539, Los Alamos, NM 87544

For additional information, call (505) 662-0800.

