



PMUW ACH Enrollment Form
(Please type or print clearly)

Choose One: New Change

PAYEE/COMPANY INFORMATION (name must match W9 and bank account to which funds will be deposited)

Name: _____ Taxpayer ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact email (Required): _____

FINANCIAL INSTITUTION INFORMATION*

Choose One Checking Savings

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Routing No (must be 9 digits) _____ Account No: _____

"I hereby authorize Pocono Mountains United Way and the financial institution listed above to deposit payments automatically to the Checking/Savings account each time payments are made and, if necessary, to adjust or recover such overpayment for any entry made to the above designated account in error. This authorization will remain in effect until Pocono Mountains United Way receives written notification of such cancellation or change. Pocono Mountains United Way reserves the right to terminate this service upon written notice. I understand if the direct deposit results in non-acceptance by the designated financial institution, Pocono Mountains United Way assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to Pocono Mountains United Way."

Authorized Signature: _____ Date Signed: _____

Printed Name: _____ Title: _____

**While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. It is strongly recommended to check with your financial institution to determine when your funds will be available.*

Please submit this completed form along with an original or copy of a voided check

TOGETHER. MORE THAN EVER.