



**United Way  
of Greater Rochester**

## Direct Payment Authorization Form

Please type or print the following information:

<b>Agency Name:</b>	
<b>Agency Address:</b>	
<b>City, State, Zip</b>	
<b>Bank Name:</b>	
<b>Bank Routing Number:</b>	
<b>Account Number:</b>	
<b>Type of Account:</b> C = Checking /S = Savings)	
<b>Your Agency's Contact Name:</b>	
<b>Your Agency's Contact Phone Number:</b>	
<b>Your Agency's Contact Email Address:</b>	

**Authorizing Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

Please fax or mail a copy of this form along with a voided check (if checking account) or a deposit ticket (if savings account) to:

**United Way of Greater Rochester, Inc.**  
75 College Avenue  
Rochester, NY 14607  
Attention: Alice Paratore  
Fax: (585) 242-6530

**2017 Audit**