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**ROC THE DAY**

**Direct Payment Authorization Form**

**Please type or print the following information:**

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Agency Address:** |  |
| **City, State, Zip** |  |
| **Bank Name:** |  |
| **Bank Routing Number:** |  |
| **Account Number:** |  |
| **Type of Account:**  **C = Checking /S = Savings)** |  |
| **Your Agency’s Contact Name:** |  |
| **Your Agency’s Contact Phone Number:** |  |
| **Your Agency’s Contact Email Address:** |  |

|  |  |
| --- | --- |
| **Authorizing Signature:** |  |
| **Title:** |  |
| **Date:** |  |

Please fax, mail or email a copy of this form along with a ***voided check*** (if checking account) or a ***deposit ticket*** (if savings account) to: donorchoice@unitedwayrocflx.org

**United Way of Greater Rochester and the Finger Lakes**

**75 College Avenue**

**Rochester, NY 14607**

**Attention: Darlene Miller- ROC the DAY**

**Fax: (585) 351-2978**