



**United Way
of Greater Rochester**

**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)	
Contact Name:	
Contact Phone Number:	
Contact Email Address:	

Authorizing Signature: _____

Title: _____

Date: _____

Please fax a copy of this form to:

**United Way of Greater Rochester, Inc.
75 College Avenue
Rochester, NY 14607
Attention: ROC the Day, Daniel Wameling**

Fax: (585) 351-2978