

**UNITED WAY OF GREATER ROCHESTER, INC.**  
**Direct Payment Authorization Form**

<b>Agency Name:</b>	
<b>Bank Name:</b>	
<b>Bank Transit Number:</b>	
<b>Account Number:</b>	
<b>Type of Account:</b> <b>(C for Checking, S for Savings)</b>	

**Authorizing Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Please return with a copy of 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: Suzanne Worden**  
**Fax: (585) 242-6530**