



Tri-County Kentucky United Way
Serving Marion, Nelson and Washington Counties in Kentucky

Tri-County Kentucky United Way

321 South 3rd Street, Bardstown, Ky. 40004

Bank Draft – Automatic Authorization

Section I. ___ Initial Authorization ___ Discontinue ___ Change

Donors Name: _____ Address: _____

Phone Number: _____ E-Mail: _____

Section II - Bank Account Information

Type of Account: ___ Savings ___ Checking

Bank Account Number: _____ Name on Account: _____

Financial Institution: _____ Routing Number (9 digits): _____

Please provide a voided check or deposit slip

Section III. Donation authorization

Monthly amount to be deducted: \$ _____ (minimum \$10) Beginning Date: _____

By signing this form, I/We hereby give the Tri-County Kentucky United Way authorization to make automatic withdrawals of funds on the 15th day each month for the stated amount to be used for community service agencies and other community needs as determined by the Tri-County Kentucky United Way Board of Directors. Deposits will be made to United Way checking account.

Signature: _____ Date: _____

Signature: (if joint account) _____ Date: _____ All

information on this form is **STRICTLY CONFIDENTIAL**



Tri-County Kentucky
United Way
*Serving Madison, Nelson and
Washington Counties in Kentucky*

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