

AgencyLink User Information

1. Agency Name: _____
2. Agency Federal ID #: _____ - _____
3. Please supply the name, title and e-mail of each staff person that will require access to AgencyLink
(please included additional names on separate sheet).
 - A. Name: _____
Title: _____
E-Mail: _____
 - B. Name: _____
Title: _____
E-Mail: _____

Authorization Agreement for Electronic Funds Transfer

(This step is optional but will enable your agency to receive funds faster.)

We hereby authorize the direct deposit of our designation payment by United Way of the Capital Region in the account and financial institution indicated below. Such direct deposit will be made monthly/quarterly, unless we choose to terminate this agreement in writing to United Way of the Capital Region. Any such notification to United Way of the Capital Region shall become effective following receipt, after a reasonable opportunity to act on it.

*In the event that United Way of the Capital Region deposits funds erroneously into the account listed below, we authorize United Way of the Capital Region to debit the account for an amount not to exceed the original amount of the credit. **United Way of the Capital Region will NEVER debit your account without your agency's approval.***

Name of Financial Institution: _____

Financial Institution Address: _____

Transit Routing Number: _____ Account Number: _____

Authorized Signature: _____ Printed Name and Title: _____

Please send this form along with a voided check to:

E-mail: agencylink@uwcr.org
Fax: 717.732.5100 ATTN: EFT, Finance Department
Mail: United Way of the Capital Region
 ATTN: EFT, Finance Department
 2235 Millennium Way, Enola, PA 17025

If you have any questions, please contact us at 717.732.0700. Thank you!



**United Way of
the Capital Region**