



## ACH Authorization Form

Organization/Vendor Name

Bank Name

Routing Number *(must be 9-digits)*

Account Number

Type of Account (select one)  Checking  Savings

Authorizing Signature:

Authorizing Printed Name:

Authorizing Title:

Date:

Authorizing Phone:

Authorizing Email:

ACH Remittance Email:

***To insure accuracy and prevent fraud, a voided check, a statement screenshot, or bank letter is required to accompany this submission. Requests received without supporting documentation will not be processed.***

***Kindly remit this completed document and accompanying documentation to:***

Greater Twin Cities United Way  
Attention: ELSA Payment Support  
404 South 8th Street  
Minneapolis, MN 55404  
Phone: (612) 340-7621  
[ELSAPaymentSupport@gtcuw.org](mailto:ELSAPaymentSupport@gtcuw.org)

***Thank you!***