

**Yes! I want to made an impact by making a gift to the
United Way of Ventura County.**

I would like to make a tax-deductible gift in the amount of \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Check enclosed

Charge \$ _____ to: Mastercard Visa American Express

Quarterly Annually OneTime

Card Number: _____ Exp. Date: _____

Signature: _____

Automatic Checking Account Deduction (ACM)

**DEBIT AUTHORIZATION AGREEMENT
CHECKLESS PAYMENT AUTHORIZATION**

I authorize the UNITED WAY OF VENTURA COUNTY (UWVC) to initiate monthly deductions from my checking account as payment(s) for my donation. I authorize the DEPOSITORY named below to accept the deductions initiated by (UWVC).

I make this authorization subject to these conditions:

- The deduction will be made from my account ON or AFTER the 10th of each month and begin IN or AFTER the month I have indicated below.
- The deduction will be made from my account for the number of months and for the amount that I have indicated below.
- I have the right to recover the amount of any erroneous UWVC deduction, either through a credit to my account or by direct reimbursement.
- I have the right to terminate this authorization at any time by notifying the UWVC in writing. Deduction would then be terminated within 10 business days of receipt of notification.

THE UNITED WAY OF VENTURA COUNTY may deduct monthly payments from my account ON or AFTER the 10th day of each month as follows:

MONTHLY AMOUNT: \$ _____

BEGINNING ON OR AFTER THE 10TH DAY OF _____, 2001.

CONTINUE FOR _____ MONTHS (Indicate 1 for a one time donation.)

DEPOSITORY NAME: _____

BANK & BRANCH: _____

CITY, STATE, ZIP: _____

BANK TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

AUTHORIZATION SIGNATURE: _____

NAME: _____ DATE: _____

**Please fax this form to:
(805) 485-4845**

or

**Mail this form to:
United Way of Ventura County
1317 Del Norte Road, Suite 100
Camarillo, CA 93010**

Thank you for caring enough to make a pledge!