



# UWP ACH Approval Form

Used for authorizing the Ugandan Water Project to directly withdraw approved donations from an Account Holder's checking/savings account.

**\* Required**

1 Account Holder's Name (First, Last, MI) \*

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2 Account Holder's Address \*

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3 Account Holder's Phone \*

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4 Account Holder's Email Address \*

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5 Donation Amount \*

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6 Regular Donation Date:  
*(i.e. 1st and 15th, or 20th of every month, etc.)*

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7 Account Number \*

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8 **Account Type \***  
*Check all that apply.*

**Checking**

**Savings**

**Other:** \_\_\_\_\_

9 **Financial Institution Routing Number \***

\_\_\_\_\_

10 **Name of Financial Institution \***

\_\_\_\_\_

11 **Branch \***

\_\_\_\_\_

12 **City \***

**State \***

**Zip Code \***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 **Date of this Authorization \***

\_\_\_\_\_

14 **I hereby authorize Ugandan Water Project, Inc. (UWP) - located at P.O. Box 262 Lima, NY 14485 (588-315-6160); to initiate electronic entries to my checking/saving account and have agreed to the terms listed on this authorization. I may revoke my authorization with UWP at any time by writing to the address above. \***

*Sign full name or affix a digital signature consisting of your initials and email address.*

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