



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) *

2. Account Holder's Address *

3. Account Holder's Phone *

4. Account Holder's Email Address *

5. Donation Amount *

6. Donation Type *

Select one of the following.

One-Time

Monthly

7. *If One-Time:* Donation Date

8. *If Monthly:* First Donation Date

9. **If Monthly: Regular Donation Date**
(i.e. 1st and 15th, or 20th of each month, etc.)

10. **Account Number ***

11. **Account Type ***

Check all that apply.

Checking

Savings

Other: _____

12. **Financial Institution Routing Number ***

13. **Name of Financial Institution ***

14. **Branch ***

15. **City ***

State *

Zip Code *

16. **Date of this Authorization ***

17. **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/savings 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.
