



Direct Deposit Authorization Form

First & Last Name _____

Employer _____

Address _____ City / State / Zip _____

Phone Number _____ Email _____

_____ I / We wish to remain anonymous

Total Gift \$ _____

Monthly payment is \$ _____ on _____ 10th or _____ 20th

I authorize the United Way & Volunteer Services of Greater Yankton and the financial institution named below to initiate entry to my checking / savings account either the 10th or 20th of each month, beginning Jan. 20____ through Dec. 20 _____. This authority will remain in effect until you notify in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to action it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Signature _____ Date _____

MY BANK (attach voided check or deposit slip) _____

Leadership Giving - Heart Club Heart Club members are those with an annual gift of \$300.00 or more.

Giving Levels: Bronze \$300 - \$499, Silver \$500 - \$999, Gold \$1,000 - \$1,999, Platinum \$2,000 - \$4,999, Titanium \$5,000+

My (our) total Campaign pledge is \$ _____

Print name(s) as they should appear in any Heart Club Materials: _____

Spouse's Employer: _____

Please mail this form, along with a voided check or deposit slip, to the United Way of Greater Yankton's office at 920 Broadway Ave., Ste. 1 Yankton, SD 57078 or call 605.665.6766 for more information. THANK YOU!