

AUTHORIZATION AGREEMENT FOR ACH Payments

(I/we) do hereby authorize _____ hereinafter named the COMPANY, to initiate recurring (debit or credit) entries to (my/our) (Checking Account / Savings Account) as indicated and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of ACH transactions to my (my/our) account must comply with the provisions of U.S. law.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Monthly Donation Amount: _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (s): _____
Please Print

Signature: _____

Signature: _____

Date: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM