

Debit Authorization

I _____ hereby authorize the Community Foundation, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for the Cheney Community Foundation. You will be charged the amount indicated below on the 1st of each month. The charge will appear on your bank statement as "Community Foundation ACH Debit CF Donation". I acknowledge that the Origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name Branch

Address City/State Zip

Routing Number Account Number Type of Account ___Checking___Savings

Amount being requested for debit authorization on the 1st of each month: \$ _____

Please provide an email address for your year-end donation statement to be sent to: _____

This authority is to remain in full force and effective until the Cheney Community Foundation has received written notification from me of its termination in such time and manner as to afford Cheney Community Foundation and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

If the above noted payment dates fall on a weekend or Holiday, I understand that the payments may be executed on the next business day for ACH debits to my checking/savings account. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I agree to pay, a \$35.00 insufficient check charge and understand a cash payment will be required for the month to keep utilities from being disconnected.

I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Printed Individual Name

Signature

Date

PLEASE ATTACH A COPY OF VOIDED CHECK OR ACCOUNT VERIFICATION LETTER TO THIS FORM!