

Fundraising Manager

ACH PAYMENT AUTHORIZATION

_____, authorizes Fundraising Manager to make
(company name)
payments into the bank account listed on the second page of this document for any invoices due.

Billing Information

Business Name _____

Billing Address _____

City, State, Zip _____

Phone # _____

Email _____ (where confirmation will be sent)

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fundraising Manager in writing of any changes in my account information. For ACH credits to my checking/savings account, I understand that because these are electronic transactions, these funds may be deposited to my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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.

AUTHORIZED SIGNATURE _____

DATE _____

PRINT NAME _____

Business Name: _____

Bank Account Information:

Bank (ACH)

Checking

Savings

Name on Acct _____

Bank Name _____

Account Number _____

Routing Number _____



Please note: To protect your information, this page will be shredded after confirmation is received.