

DIRECT DEBIT AUTHORIZATION FORM

I hereby authorize Community Foundation Alliance, Inc. on behalf of Vanderburgh Community Foundation, hereinafter called ORGANIZATION, to initiate debit entries for

(donor name) _____

(fund name or purpose) Women's Fund of Vanderburgh County

to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

The amount of \$ _____ is to be debited _____ one time _____ monthly _____ quarterly

beginning on (date) _____ and ending on (date) _____ or until canceled in writing by me.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

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

(Print Individual Name) (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM