

# Rotary Club of Kalispell Daybreak

P.O. Box 1042  
Kalispell, MT 59903

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## Recurring ACH Payment Authorization Form

Sign and complete this form to authorize **Rotary Club of Kalispell Daybreak** to make a recurring debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated starting on or after the indicated date.

### Please complete the information below:

I \_\_\_\_\_ authorize **Rotary Club of Kalispell Daybreak**  
(full name)  
to charge my bank account indicated below for \_\_\_\_\_ monthly, starting on or after  
\_\_\_\_\_, until my balance is paid in full, or this permission is revoked in writing.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_ City, State,  
Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: Checking Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that the Rotary Club of Kalispell Daybreak may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Rotary Club of Kalispell Daybreak's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.