

TRF-DIRECT

Checking/Savings Account Authorization

Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Phone _____

E-mail _____

Rotary Club _____ District _____

Rotary Membership ID# _____

Non-Rotarian — Credit Rotary Club of _____

BANKING INFORMATION

Name of Bank _____

City _____

State/Province _____ Postal Code _____

Bank Account Number _____

Bank Routing Number _____

Account Type: Checking (include a voided check)

Savings (include a deposit slip)

I hereby authorize The Rotary Foundation to deduct

US\$ _____ on (choose one below)

1st of every month

15th of every month

1st of every quarter

Annually (specify month: _____)

from the bank account indicated above. I understand that each transaction will appear on my regular bank statement. It is my responsibility to call and request recognition when I've contributed enough to become a Paul Harris Fellow, Multiple PHF, or Major Donor. I further understand that this authority remains in effect until I notify The Rotary Foundation in writing and the Foundation has had a reasonable amount of time to fulfill my request. The Rotary Foundation can terminate this agreement at any time.

Signature _____

Date _____

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