

AUTHORIZATION TO HONOR DIRECT ACH CREDITS/DEBITS
Rotary Club of Milwaukee Inc

INSTRUCTIONS

1. Complete all parts of this form.
 2. Execute all signatures where indicated. If account requires counter signatures, both signatures must appear on this form.
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I hereby authorize *Rotary Club of Milwaukee Inc* ("COMPANY") to initiate debit entries, and if necessary, credit entries and adjustments to my **Checking Account** / **Savings Account** (select one) indicated below at the depository financial institution named below ("DEPOSITORY"). I agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

Depository Name _____

Routing Number _____

Account Number _____

Account Name _____

Debit entry will be initiated on the 15th of the month.

- This authorization shall remain in full force and effect until Rotary Club of Milwaukee Inc has received written notification from me (or either of us) of its termination no less than six (6) days prior to the effective date of the termination of the authorization.

Date

Name (print)

Signature of Authorized Signer

As shown on Bank records for the account which this authorization is applicable.