



EVERGREEN ROTARY FOUNDATION, INC.

Service Above Self

P.O. Box 4143 • Evergreen, CO 80437

ACH Debit Authorization

This authorizes Evergreen Rotary Foundation, Inc. (the "Organization") to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) at the financial institution indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries, and if deemed necessary, in their sole discretion initiate adjustments for any transactions credited/debited in error.

This authorization is to remain in full force and effect until the Organization has received written notification from me of its termination in such time and in such manner as to afford the ORGANIZATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Address of Financial Institution: _____

Account Holder's Name: _____

Routing Number: _____

Account Number: _____ Type of Account: Checking Savings

RECURRING GIFT AMOUNT (minimum US \$5)

\$8.33* \$10 \$25 \$85 \$100 Other \$_____.

*On a monthly basis this totals \$100/yr.

One time only gift \$_____.
(drawn on the next available draw date)

FREQUENCY

Monthly Quarterly Annually (December Only)

Draw dates: **Monthly**-Last business day of the month; **Quarterly**: Last business day of the calendar quarter;

Annually: Last business day of the year.

This authorization will be in effect until the Organization receives a written termination notice from myself and has a reasonable opportunity to act on it.

Print Name: _____

Signature: _____ Date: _____

Start Date: _____

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK