

DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

ROTARIAN NAME(S): _____

I (we) hereby authorize the Rotary Club of Plainview, hereinafter called THE CLUB, to initiate debit entries and to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO.: _____

ACCOUNT NO.: _____

DATE FOR DEBIT TRANSACTION (select one option): _____ 5th day of the month
_____ 20th day of the month

This authority is to remain in full force and effect until THE CLUB and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE CLUB and DEPOSITORY a reasonable opportunity to act on it.

DATE: _____

SIGNED: _____

SIGNED: _____

All communications regarding the debit process should be addressed to THE CLUB Treasurer or Assistant Treasurer.