

Authorization Agreement for Direct Payments (ACH DEBITS)

Company Name: Community Foundation of Switzerland County, Inc.

Company ID Number: 35-2087649

I (we) hereby authorize Community Foundation of Switzerland County, Inc. hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Account  
Number: \_\_\_\_\_ Number: \_\_\_\_\_

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

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Amount to be debited: \$ \_\_\_\_\_

Monthly [ ] Will be around the 1<sup>st</sup> business day of each month (a list of dates will be provided annually)

Please attach a voided check or deposit slip