



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT DONATIONS

Company or Individual Name: _____

Company Tax ID or Individual SSN: _____

I (we) hereby authorize MOUNTAIN MIDDLE SCHOOL, hereafter referred to as "Company" to initiate debit entries to my (our) Checking Account OR Savings Account (select one) indicated below at the depository financial institution named below, hereafter 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 US Law.

Depository (Financial Institution Name): _____

Branch: _____ City: _____ State: _____

Routing # _____

Account # _____

Donations deducted on the: 1st OR 15th of each month (select one)

Amount to deduct from my (our) account on the frequency indicated: _____

This authorization is to remain in full force and effect until Company has received written notification from me (us) of its termination. I (we) understand that I (we) need to allow for ten (10) business days to process such request for termination of this deduction so as to afford Company and Depository a reasonable opportunity to act on it.

Print Name(s): _____

Signature

Signature

Date: _____

Date: _____