



Automatic Donation Authorization Form

AUTHORIZATION AGREEMENT FOR DIRECT DONATIONS (ACH DEBITS)

Columbia Second Chance

P.O. Box 10186, Columbia, MO 65205 573-445-5598

First Name _____ Middle _____ Last _____

Address _____

Phone _____ Email: _____

I (we) hereby authorize Columbia Second Chance and their bank, hereinafter called ORGANIZATION, to initiate debit entries to my (our) [] **Checking** [] **Savings account (select one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

AMOUNT \$ _____

FREQUENCY (Circle One): Weekly / Every 2 Weeks / Monthly / Twice a Month

Start Date: _____ **Day(s) of Month for withdrawals:** 1st, 15th, or other: _____

PERIOD (Circle One): One Year / Two Years / Five Years / Ten Years / Indefinitely

DEPOSITORY BANK NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING No _____ ACCOUNT No. _____

You may attach a voided check or a copy of your savings account card to this document.

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