

Authorization Agreement For Automated Clearing House Transactions (ACH Credits)

ACH Authorization			
Individual / Company Name:		Individual / Company ID #:	N/A

I (we) hereby authorize: Austin Parks Foundation, hereinafter called COMPANY/INDIVIDUAL, to initiate credit entries to my (our):

Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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

Name(s):
Please print _____ SSN/Fed ID: _____ Optional

Signature(s) **Date**

I (we) wish for this transaction to take place starting on: _____ and to recur:

once a month, every two weeks, other: _____

CHECK ONE: I am not currently participating in the Automated Payment Program.

ADD – Credit the account shown.

I am currently participating in the Automated Payment Program.

CHANGE – Change financial institutions and/or account number.

Please provide Contact Name/Email for Payment Stub	
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TAPE VOIDED CHECK HERE
[Voided check not necessary, but recommended]