



QUINCY NOTRE DAME FOUNDATION

CONSUMER AUTHORIZATION FORMS AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

DONOR NAME: _____

I (we) hereby authorize (Quincy Notre Dame Foundation), hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION NAME: _____ (include branch if applicable)

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING #: _____

ACCOUNT #: _____

Date(s) and/or frequency of debit(s): monthly on the 1st ____ monthly on the 15th ____

AMOUNT OF DONATION: _____

(Please attach a copy of a voided check or deposit slip for account verification below)

This authority is to remain in full force and effect 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): _____
(Please Print)

SIGNATURE(S): _____ **DATE:** _____