

ACH CREDIT/ DEBIT AUTHORIZATION FORM

I (we) hereby authorize THE BOYS & GIRLS CLUB OF LAWRENCE COUNTY to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE BOYS AND GIRLS CLUB OF LAWRENCE COUNTY is notified by me (us) in writing to cancel it in such time as to afford THE BOYS AND GIRLS CLUB OF LAWRENCE COUNTY and the financial institution listed below a reasonable opportunity to act on it.

(Name of Financial Institution)

(Branch)

(Mailing Address of Financial Institution)

(City, State & Zip)

(Signature)

(Date)

(Your Name - Please Print)

(Your Mailing Address)

(City, State, Zip)

Monthly Amount \$ _____

OR

Annual Amount \$ _____

Routing # _____

Chk./Svgs. Acct. # _____

These number are located on the bottom of your check

■ 123456789 ■
Routing Number

1234567890123 ■
Account Number