Hutchinson community FOUNDATION

Authorization for Direct Debit - ACH

I hereby authorize Hutchinson Community Foundation to initiate direct debits to the account listed below at the following financial institution.

Name of Financial Institution _____

City _____ State_____ Zip _____

☐ Checking Account Amount to be Debited $ _____

Routing Number _____ Account Number _____

☐ Savings Account Amount to be Debited $ _____

Routing Number _____ Account Number _____

☐ This is a one-time withdrawal to take place on _____.

☐ This is a recurring withdrawal to begin on the 15th (day) of _____ (month), _____ (year), and remain in effect until _____ or Hutchinson Community Foundation has received written notification from me of its termination. Notification must be given in such time and in such manner as to provide Hutchinson Community Foundation and my financial institution a reasonable opportunity to act on it.

Name of Hutchinson Community Foundation fund debit amount is to be contributed to:

_____

Email to send notification to after debit transaction: _____

Signature _____ Date _____

Print Name _____

Address _____

(Please attach a voided check from each account to this form.)

CHANGE MAKERS at work