

## Authorization for Direct Debit

I (We) hereby authorize **North Liberty Community Pantry** (hereinafter called Company) to initiate debit entries to my (our) account(s) indicated below on or about the \_\_\_\_\_ of each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

**Depository Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Checking Account

Savings Account

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):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please attach a **Voided Check** here.