



ACH Direct Payment

AUTHORIZATION – Please fill out and return to: Community Food Pantry of Spring Green, PO Box 6, Spring Green WI 53588

I authorize **Community Food Pantry of Spring Green** to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account

Savings Account

I, _____, understand that this authority will remain in effect until full payment has been made **or** I notify **Community Food Pantry of Spring Green** *in writing* of the termination of this authorization. I agree to maintain a sufficient balance in the referenced deposit account to fund the full debit amount on each scheduled transfer date. I acknowledge that this ACH transfer must comply with U.S. Law. **Community Food Pantry of Spring Green** reserves the right to revoke this authorization at any time.

Date

FINANCIAL INSTITUTION

CITY & STATE OF FINANCIAL INSTITUTION

ROUTING NUMBER OF FINANCIAL INSTITUTION

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

PRINTED NAME

SIGNATURE

AMOUNT AUTHORIZED

DATE TO DEBIT

FREQUENCY

NUMBER OF PAYMENTS (if applicable)