



Washington County
Community Foundation

Authorization Agreement for Contributions (ACH Debits)

Names(s) _____

(Please Print)

I (we) hereby authorize the Washington County Community Foundation, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account ____/ Savings Account ____ (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____

City _____ State _____ Zip _____

Routing # _____ Account # _____

Amount of Contribution Entry _____ Frequency _____

Month of annual contribution _____

Fund Allocation

Fund Name	% of contribution

This authorization is to remain in full 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. By signing below, I also afford COMPANY the ability to take orders verbally for contributions.

Date _____ Signature _____

I would like my name to appear the WCCF publications: ____ as listed above; different than above _____; anonymous _____.

*Note: The Washington County Community Foundation is a 501 (c) (3) nonprofit corporation and gifts are deductible as allowed by law.

Return this form to: **PO Box 50 Salem, IN 47167**. Please call 812-883-7334 with any questions.

Please Attach a VOIDED Check