**AAUW Minneapolis Branch Sustaining Fund**

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Minneapolis Branch AAUW, (“AAUW”), to initiate debit entries to my (our)

**Checking Account**/ **Savings Account** (select one) indicated below at the depository Financial Institution named below, (“DEPOSITORY”). I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

I (we) would like the debit entries to occur (select monthly or quarterly or annually & Date):

Monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Select a Date)

Quarterly:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Select a Date)

Annually: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Select a Date)

If any of the dates fall on a weekend, the debit will occur on the following Monday.

Depository Name: .

Routing Number: . Account Number: .

Name(s) on the account: .

Amount: . (minimum $10.)

This authorization is to remain in full force and effect until AAUW has received written notification from me (us) of its termination in such time and in such manner as to afford AAUW and DEPOSITORY a reasonable opportunity to act on it.

Name: .

Signature: Date: .

Name: .

Signature: Date: .

Please attach a voided check to this agreement to ensure proper recording of bank routing and account numbers.

Attach Voided Check Here