



Debit Authorization

I hereby authorize the Putnam County Community Foundation, hereinafter called "Foundation," to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution

Account Information

(Name)

(Routing Number)

(Account Number)

Type of Acct. (Check

Checking

Savings

One)(Address)

(City, State, & Zip Code)

This authorization is to remain in full force and effect until the Foundation has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Foundation and the Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name)

(Signature)

(Date)

Select One

Debit \$500 one time per year.

Debit \$100 immediately, and \$100 prior to each event for a total of \$500 over the course of the year. Withdrawals for the event will occur on the 25th day of the month before the meeting date.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM IF POSSIBLE