

AUTHORIZATION AGREEMENT FOR RECURRING CONTRIBUTIONS (ACH DEBITS)

Originator Name: Chautauqua Region Community Foundation, Inc. **Tax ID Number:** 16-1116837

Name (s): _____	<input type="checkbox"/> I (we) wish to remain anonymous
Company: _____	
Address: _____	
City: _____ State: _____	Zip: _____
Phone: _____	Email: _____

I (we) hereby authorize Chautauqua Region Community Foundation, Inc., hereinafter called ORIGINATOR, to initiate debit entries (i.e.; withdrawals) from my our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit (i.e.; withdraw) the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository		
Name _____	Branch _____	
City _____	State _____	Zip _____
Routing Number: _____	Account Number: _____	
Amount of Each Withdrawal: \$ _____		
Frequency of Withdrawals: _____ <i>(i.e.; Monthly, Bi-Monthly, Quarterly, Semi-Annually or Annually)</i>		
Date to Withdraw Funds will be on the <u>13th of the month</u>		
I (we) hereby pledge to pay the Chautauqua Region Community Foundation the total sum of \$ _____ annually by the terms outlined above for frequency and amount per ACH debit.		

Fund Name: _____
Tribute (Memory or Honor): _____

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

Name (s): _____
Social Security Number or Tax ID: _____
Date _____ Authorized Signature: _____
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED I N THE AUTHORIZATION.