

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

Summit Leadership Foundation
P.O. Box 3555
Johnson City, TN 37602

The purpose of this document is to gain authorization in order to provide the convenience of automatic electronic fund transfer for those donors who wish to support **Summit Leadership Foundation** at a set amount on a regular monthly basis without having to write a check each month. If you are interested in signing up for this automatic funds transfer service, please read and complete this form and return it to Summit Leadership Foundation. Thank you. (If you have any questions, please call Summit Leadership Foundation at 423-283-7557).

The following authorization is required to process your monthly donations: I (we) hereby authorize **Summit Leadership Foundation** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) **checking** or **savings** account as indicated below and the bank named below, to debit and/or credit the same to such account. I (we) also acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

YOUR BANK NAME _____

CITY _____ **STATE** _____

ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

Debit my (our) account indicated above in the amount of \$ _____ per month.

I (we) would prefer the transaction to take place (check one):

on or about the first day of the month

on or about the fifteenth of the month

I (we) would like transfers to begin _____, 2017 and end _____, _____ "open"
(month) (month) (year)

This authorization is to remain in full force and effect according to the terms stated above or until Summit Leadership Foundation has received written notification from me (or either of us) of its termination in such manner as to afford Summit Leadership Foundation and the bank a reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

DATE _____ **SIGNED** _____ **SIGNED** _____

(ATTACH YOUR VOIDED CHECK HERE)

2048

DATE _____

PAY TO THE ORDER OF _____

VOID

\$

DOLLARS

First Tennessee Bank

Memo: _____

| : 0 8 4 0 0 0 2 6 : 2 0 4 8 0 0 - 0 9 0 5 0 3 9 8 | :

Routing Number

Check #

Account Number