

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. (If you have any questions, please call Summit Leadership Foundation, 423-283-7557) Thank you.

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 _____, 2020 and end "open", or _____, _____
(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