

# Libraries of Montrose County Foundation



## Authorization Agreement for Monthly Direct Donations (ACH Debits)

I/We authorize Libraries of Montrose County Foundation to initiate debit entries to my/our checking/savings account indicated at the financial institution named below, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the U.S. law.

Name(s) on account: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Monthly Donation Amount: \$ \_\_\_\_\_ (This amount will be debited on the 17<sup>th</sup> of each month.)

This authorization is to remain in full force and effect until LMCF has received written notification from me/us of its termination in such time and manner as to afford LMCF and my financial institution a reasonable opportunity to act on it. Notification should be sent to LMCF, 320 S 2<sup>nd</sup> St, Montrose, CO, 81401.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can ensure the accuracy of your account information by attaching a voided check here.

Thank you!

2400  
19 91-548/1221  
PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
DOLLARS  
FOR \_\_\_\_\_  
⑆ 2222 05278 ⑆ 672430 1068 ⑆ 2400 ⑆  
Routing Number Account Number Check Number