



Community Foundation
LORAIN COUNTY

DONOR - DIRECT DEBIT AUTHORIZATION

We are pleased to assist you in setting up recurring contributions to support the Fund of your choice here at the Foundation.

Simply complete the form below and return to us. Your information will be maintained in strictest confidence

Authorization for Direct Debit Via ACH

I authorize the Community Foundation of Lorain County to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Bank Name _____

Routing # _____ **Account #** _____

Account Type Checking _____ Savings _____

\$ Amount _____ (minimum \$10.00)

| Frequency | Start Date |
|------------------|-------------------|
| Weekly _____ | 1st _____ |
| Monthly _____ | 8th _____ |
| Bi-monthly _____ | 15th _____ |
| Quarterly _____ | 22nd _____ |

Credit to Fund _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Community Foundation in writing that I (we) wish to revoke this authorization. I (we) understand that the Community Foundation requires at least one week's written notice in order to cancel this authorization.

Print Name(s) _____ Date _____

Signature(s) _____