



DONOR – DIRECT DEBIT AUTHORIZATION FOR RECURRING CONTRIBUTIONS

We are pleased to assist you in setting up recurring contributions to support the Fund of your choice here at the Community Foundation. Please complete this form and email it to finance@peoplewhocare.org or mail a hard copy to Community Foundation c/o Finance at 9080 Leavitt Road, Elyria, OH 44035. The Community Foundation will maintain your information with the strictest confidence.

Authorization for Direct Debit Via ACH I authorize the Community Foundation of Lorain County to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) as follows:

Donor Name _____

Recognition Name (If different than name above): _____

Donor Address: _____

Email Address: _____ **Phone:** () _____ - _____

Bank Name: _____

Routing #: _____ **Account #:** _____

Account Type Checking Savings **\$ Amount (Minimum \$25) :** \$ _____

Frequency: Monthly Bi-monthly Quarterly Annually

Recurring Date (Starting the next available date): 1st 8th 15th 22nd

Name(s) of Funds Receiving Donation	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

Print Name: _____ **Signature:** _____ **Date:** _____