



ACH AUTHORIZATION AGREEMENT FORM

I (we, if joint account) hereby authorize Girl Scouts of Manitou Council to initiate debit entries to my (our) checking/savings account at the financial institution indicated below.

The amount of the donation will be \$_____ effective (date) _____.

The frequency of the withdrawal of this amount will be:

____one time ____monthly ____quarterly ____ annually

Name of Financial Institution: _____

Branch: _____

City/State/Zip: _____

Type of Account: ____Checking ____ Savings

Routing Number: _____

Account Number: _____

YOUR NAME 123 YOUR STREET YOUR CITY, STATE 12345	12-345 6789	1001
	DATE: _____	
PAY TO THE ORDER OF: _____	\$	<input type="text"/>
		_____ DOLLARS
YOUR FINANCIAL INSTITUTION 123 MAIN STREET CITY, STATE 12345		
NOTE: _____		
⑆1234567890⑆	000123456⑆	1001

Routing Number

Account Number

Check Number

This authorization will remain in force until Girl Scouts of Manitou Council receives written notification from me (or either of us) of its termination. I (we) may revoke this authorization at any time.

Name(s) (serve as signatures): _____

Address: _____

City/State/Zip: _____