



CommUnity Crisis Services and Food Bank
Mission Circle Form
Authorization for Direct Debit

I (we) hereby authorize CommUnity Crisis Services and Food Bank to initiate Debit entries to my (our) account(s) indicated below on or about the date designated each month and the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with provisions of U.S. law.

Depository Institution (Bank Name): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ (optional)

Account Type: Checking \_\_\_\_ Savings \_\_\_\_

Routing Transit Number: \_\_\_\_\_ (9 digit) Account Number: \_\_\_\_\_

Date of Monthly Withdrawal (circle one): 1st or 15th Date Withdrawal to Begin: \_\_\_\_\_

Amount of Monthly Debit: \$ \_\_\_\_\_ This amount is designated as indicated below:

\$ \_\_\_\_\_ Greatest Need \$ \_\_\_\_\_ Crisis Services \$ \_\_\_\_\_ Food Bank

\$ \_\_\_\_\_ Basic Needs Program \$ \_\_\_\_\_ Other (describe) \_\_\_\_\_

This authority is to remain in full force until CommUnity Crisis Services and Food Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CommUnity and Depository a reasonable opportunity to act upon it.

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

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

Address: \_\_\_\_\_

Attach voided check here