



# Community Kitchen of Monroe County, Inc.

PO Box 3286 Bloomington, IN 47402 (812) 332-0999

Thank you for supporting Community Kitchen through the Automatic Transfer Program! Please complete this form in order to begin your automatic contribution. In order to avoid any potential errors, it would be preferable for you to include a voided check to confirm your account number and financial institution routing number. You may stop this contribution at any time simply by notifying us in writing.

## **AUTOMATIC TRANSFER AUTHORIZATION**

Authorization for Preauthorized Fixed Payments (ACH Debits)

I hereby authorize **COMMUNITY KITCHEN OF MONROE COUNTY, INC.** to make scheduled withdrawals from the account identified below and authorize the Depository Financial Institution to charge such withdrawals to my listed account.

Such withdrawals shall be equal to \$\_\_\_\_\_ and payable:

\_\_\_\_\_ Weekly on Fridays

\_\_\_\_\_ Monthly on the 1<sup>st</sup> or 15<sup>th</sup> (circle one) of each month

\_\_\_\_\_ Bi-monthly on the 1<sup>st</sup> AND 15<sup>th</sup> of each month

\_\_\_\_\_ Quarterly on the 1<sup>st</sup> day of each quarter's first month

The first such withdrawal is authorized for (date): \_\_\_\_\_

If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to Community Kitchen. I acknowledge receipt of a filled copy of the authorization.

Name of Depository Financial Institution: \_\_\_\_\_

DFI Routing Number: \_\_\_\_\_ Account No. to Debit: \_\_\_\_\_

Type of account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Customer Name: \_\_\_\_\_

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

Name on Receiving Account: **COMMUNITY KITCHEN OF MONROE COUNTY, INC.**

Please send me an email confirming each transaction. Email address: \_\_\_\_\_

Limitations on purpose for withdrawal: Charitable Contribution

**PLEASE SEND A VOIDED CHECK IF POSSIBLE. THIS HELPS PREVENT ERRORS.**