

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 a	and authorize the Depository Financial Institution to charge such withdra	wals to my listed account.
Each withdrawal shall be e	equal to \$ and payable:	
Weekly on	(what day?)	
Monthly on the 1s	st or 15th (circle one) of each month	
Semi-monthly on	the 1st AND 15th of each month	
Quarterly on the 1	st day of each quarter's first month	
The first such withdrawal i	is authorized for (date):	
also authorized. It is agree National Automated Clea	wals is restricted in any manner, such restriction is stated below. Adjustired that these withdrawals and adjustments may be made electronically an tring House Association. This authorization will remain in effect until writhen. I acknowledge receipt of a filled copy of the authorization.	nd under the Rules of the
Name of Depository Finan	ncial Institution:	
DFI Routing Number:	Account No. to Debit:	
Type of account:	CheckingSavings	
Customer Name:		
Customer Signature:	Date:	
Email:	Phone:	
Name on Receiving Accou	unt: COMMUNITY KITCHEN OF MONROE COUNTY, INC.	

PLEASE ATTACH A VOIDED CHECK IF POSSIBLE. THIS HELPS PREVENT ERRORS.



Limitations on purpose for withdrawal: __Charitable Contribution____