
ACH Authorization Form

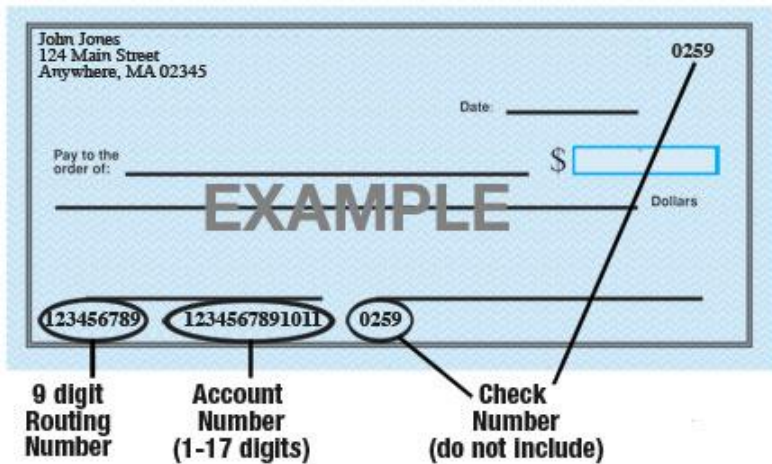
CREDIT/DEBIT AUTHORIZATION FORM

I hereby Authorize THE CAMARADERIE FOUNDATION to initiate entries to my checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE CAMARADERIE FOUNDATION is notified by me in writing to cancel it in such time as to afford THE CAMARADERIE FOUNDATION and the financial institution a reasonable opportunity to act on it.

Name on Account & Company Name – PLEASE PRINT

Company Address – PLEASE PRINT

Name of Financial Institution



Financial Institution **Routing Number**: _____

Checking/Savings **Account Number** _____

Company Name – PLEASE PRINT: _____

Company Address – PLEASE PRINT _____