

# Big Brothers Big Sisters of Delaware County

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I (we) hereby authorize Big Brothers Big Sisters of Delaware County to initiate debit entries for my (our) donation and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking and/or Savings account at the financial institution named below, hereinafter called financial institution, to debit and/or credit the same to such account.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing Number (9 digit number lower left corner of check) \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Savings Account Number \_\_\_\_\_

Amount of Donation for Each Withdrawal \_\_\_\_\_

Frequency of Donation \_\_\_Monthly \_\_\_Quarterly

This authorization is to remain in full force and effect until Big Brothers Big Sisters of Delaware has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Big Brothers Big Sisters of Delaware County and Financial Institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check for accurate information!**