

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT DONATION
URBANDALE FOOD PANTRY**

Type of Authorization:

New authorization Change amount Change banking info Discontinue electronic donation

FULL NAME(s) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____

PHONE (_____) _____

I (We) hereby authorize the **URBANDALE FOOD PANTRY**, hereinafter called **UFP**, to initiate debit entries and/or correction entries to my/our **Checking** **Savings** account (select one) indicated below at the depository named below, herein called **DEPOSITORY**, to credit the same such account.

BANK NAME _____

CITY _____

STATE _____

BANK ROUTING TRANSIT/ABA NUMBER _____

ACCOUNT NUMBER _____

AMOUNT OF MONTHLY DONATION: \$10 \$20 \$35 \$50 \$100 Other \$ _____

DATE OF FIRST MONTHLY DONATION (debited on the 20th of each month): **Month:** _____ **Year:** _____
(for other frequency options, please contact UFP)

This authorization is to remain in full force until **UFP** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **UFP** and **DEPOSITORY** reasonable opportunity to act upon it.

Signature _____ **Date** _____

Attach a voided check here

