

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize The Boys & Girls Club (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Verve, a Credit Union (Bank of THE COMPANY)

(Name of Financial Institution withdrawing money)

2900 Universal St, Oshkosh, WI 54904

(Address of Financial Institution - Branch, City, State & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Email Address- PLEASE PRINT)

Set Amount: _____ **or up to the Maximum Amount of:** _____.

If an amount would exceed the maximum amount agreed to, THE COMPANY must notify me 10 days in advance of such change.

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

******Please attach a voided check to this form******