



North Country Mission of Hope

Working Together to Improve Lives

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)
COMPANY ID 10-0000800**

I (we) _____ hereby authorize **NORTH COUNTRY**
(please print)

MISSION OF HOPE, hereinafter called the COMPANY, to initiate debit entries and adjustments for any debit entries made in error to my (our) account indicated below and the depository (bank) named below, hereinafter called DEPOSITORY, to debit and/or make adjustments to the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law

BANK NAME: _____

CITY _____ STATE _____

**Routing/ABA No. _____ ACCOUNT No. _____

The first number at the bottom of your check.
9 digits long and starts with 0, 1, 2 or 3.

PLEASE CHECK ONE **Checking** **Savings**

\$ _____ (**Add \$1.00** bank processing fee) will be withheld monthly on the 15th of each month beginning _____ 15th and each month thereafter. If the 15th falls on a weekend or holiday, the monthly donation amount will be debited on the first business day following the 15th.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Donor name(s) _____

(please print)

SIGNATURE(S) _____ Date _____

PLEASE PRINT OR TYPE LEGIBLY

**This is a number assigned to your bank. You can obtain it by calling your bank or attaching one of your voided checks or withdrawal slips to this form.

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.