



Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Tarrant Area Food Bank to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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.

Depository (Bank) Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Donation amount to be debited \$ _____

The transaction will be processed on the closest business day to the 15th of the month. Your account will be debited between the 16th and the 19th of the month depending on weekends and holidays.

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

Name(s) _____
(Please Print)

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Date _____ Signature _____