TOOLS FOR GIVING

Direct Debit

Constituent ID No.

Simplify your gift-giving through Direct Debit from your Checking account



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DONATIONS

DONOR NAME(s):	Supporting
I (we) hereby authorize the Morton Community Foundation (MCF) to initiate debit entries to my (our) Checking account indicated below and the BANK/DEPOSITORY named below, to debit the same to such account.	or local ch through the Foundation regular (mo
AMOUNT: \$ per Month One Time Only	annually) of Checking A
Please take payment on the: 1st 5th 10th 15th 25th day of the month	out this for
BANK/DEPOSITORY NAME:	to us, along check from
BANK BRANCH:	want us to you determ
CITY: STATE: ZIP:	automatica account in
ROUTING NO: ACCOUNT NO:	designate, your desire
This authority is to remain in full force and effect until MCF and BANK/DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MCF and BANK/DEPOSITORY a reasonable opportunity to act on it.	
DATE:	John Doe Name on Acco
SIGNED:	John Doe 123 Shady Lane Yourtown, AA 1234
SIGNED:	PW TO THE ORDER OF
Please place my deposit in the following fund(s):	#241022233 #33 241022233 Routing Number
Please also include a VOIDED CHECK from your checking account.	
MCF Office Use Only MORTON	

your favorite cause aritable organization e Morton Community n is easy. We offer onthly, quarterly, direct debit from your Account. Simply fill rm, sign and return g with a VOIDED n the account you debit. The amount nine will then be ally debited from your the intervals you until you inform us of e to change.

<u> </u>	***
John Doe 123 Shady Lane Yourtown, AA 12345 wrs	2048
яж та тне аксекая — VOIO	\$
	Dollars
241022233 333962222 2048	
_	
241022233 333962222 Routing Number Account Number	

COMMUNITY