



# ACH Transfer Authorization Agreement

Please complete this form and e-mail it to [smortensen@midlandfoundation.org](mailto:smortensen@midlandfoundation.org) or fax it to 989-839-9907

Donor Information:

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

**ACH Remittance e-mail address** \_\_\_\_\_

Type of Request:

- New ACH Transfer Authorization
- Change Existing Authorization
- Stop/Cancel ACH Transfer Authorization

Type of Account:

- Checking (Attach a copy of a voided check)
- Saving (Attach a copy of a deposit slip)

Frequency: (\$5.00 processing fee applies to all new participants and will be added to the first ACH transfer)

- Annually (February) - \$300.00
- (February/June/October) - \$100.00 Each

Bank Information: (ACH Banking Info.)

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing No. (ABA) \_\_\_\_\_

I/We authorize Midland Area Community Foundation to transfer funds via ACH from my (our) bank account listed above to the Midland Area Community Foundation; and, in the event an entry is incorrect, to make correcting entries. I (we) understand that this authorization will remain in full force and effect until I (we) notify Midland Area Community Foundation in writing that I (we) wish to revoke this authorization. I (we) understand that Midland Area Community Foundation requires at least 15 days prior notice in order to cancel this authorization. I (we) understand that the Midland Area Community Foundation will provide prior-notification of the exact dates of ACH transfers and that funds must be available in my (our) account on such dates. In the event of any changes to my (our) account information listed above, I (we) agree to notify Midland Area Community Foundation in writing at least 15 days prior to the next ACH transfer date.

Account Owner Signature

Date

Joint Owner Signature

Date