



# Howard Area Community Center

7648 N. Paulina Street, Chicago, IL 60626  
Phone: 773/262-6622 Fax: 773/262-6645  
www.howardarea.org

## Authorization Agreement for Direct Gift Payments (ACH Debits)

Total gift amount must be \$240.00 or greater.

<b>DONOR (S) NAME</b>	<b>Total Gift Amount</b>
Print Name	\$ _____

<b>Donor(s) Address</b>		
Street		
City	STATE	ZIP

I (we) hereby authorize  Howard Area Community Center (HACC) hereinafter called COMPANY, to initiate \_\_\_\_ monthly (not to exceed 12) entries in the amount of \$\_\_\_\_\_ to my (our)  Checking/  Savings Account (select one) indicated below at the depository financial institution named below hereafter called DEPOSITORY, and to debit the same to the such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law **(Please attach a voided check or preprinted savings slop showing your account number and bank transit routing numbers).**

<b>Depository Name</b>	<b>Branch</b>
<b>Transit Routing Number</b>	<b>Address</b>
<b>Bank Account Number</b>	<b>CITY STATE ZIP</b>

This authorization is to remain in full force and effect until COMPANY has received the entire gift indicated above or 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. I understand that it is my (our) responsibility to maintain the designated account as open and adequately funded to prevent rejected or returned entries.

Name (s)	Name (s)
<i>PLEASE PRINT</i>	<i>PLEASE PRINT</i>
Signature	Signature

NOTE: Please return this signed and dated original form with the necessary attachment to the attention of Margaret Wenzel at Howard Area Community Center. 7648 N. Paulina Street, Chicago, Illinois 60626. For questions, please call Margaret Wenzel at 773/262-6622.