

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH Debits)



I hereby authorize One Voice Mixed Chorus, hereinafter called COMPANY, to initiate DEBIT entries to my Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

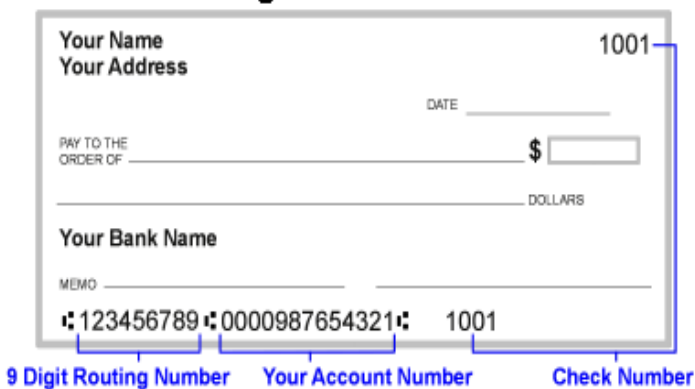
Name: _____ ID Number: _____

Financial Institution Name _____

Routing
Number: _____

Account
Number: _____

Find Routing Number on Your Check



Amount: \$ _____

Frequency: Monthly Twice Month Weekly

Effective Date: _____

Cancellation Date: _____

This authorization 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.

Signature: _____ Date _____

**** Attach a voided check to this authorization form (no deposit tickets please) ****

SEND THIS FORM TO operations@onevoicemn.org or 732 Holly Ave, St. Paul 55104