

ACH PARTICIPANT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTHORIZED WITHDRAWALS (ACH DEBITS)

Please mail this form to:
Family Service of Champaign County
405 S. State St.
Champaign, IL 61820
217-352-0099

Monthly donation: _____

Beginning month: _____

I hereby authorize Family Service of Champaign County to initiate debit entries for monthly donations from my account listed below and allow my depository to debit the same amount to my account. This will initiate on the 15th or the first business day thereafter in the beginning month I noted above. These monthly withdrawals will continue on the 15th of each month until Family Service receives written notification to discontinue them with reasonable time for both Family Service and the depository to act on the request.

Name: _____
(Please print)

Date: _____

Signature: _____

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing No. _____ Account No. _____

Depository Account Type: Checking Savings

Please include an unused and voided personal check from DEPOSITORY as verification of your account with this completed form and mail to Family Service at the above address. Thank you.