

**Clinton Community Nature Center  
AUTHORIZATION AGREEMENT FOR BANK DRAFT**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DEPOSITORY (BANK) NAME: \_\_\_\_\_

TRANSIT/ABA NO. (ROUTING #): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

I hereby authorize Clinton Community Nature Center Association, hereinafter called COMPANY, to initiate debit entries to my

*(check one of the following)*

Checking account       Savings Account

indicated above and the depository named above, hereinafter called DEPOSITORY, to debit the same such account. I understand that

\$ \_\_\_\_\_ .00

will be drafted from my account on the 5th of the following month(s): *(check all that apply)*

Jan       Feb       Mar       Apr       May       Jun  
 Jul       Aug       Sep       Oct       Nov       Dec

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Bank draft payments returned for insufficient funds are subject to a \$20 fee.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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*(STAPLE VOIDED CHECK HERE)*

For Office Use:  
ID NUMBER: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_