

ACH Authorization Agreement



Name: _____

Name: _____

Please indicate all individuals listed on the bank account.

I (we) hereby authorize Annandale at Suwanee, Inc. to initiate debit entries to my (our) Checking Account / Savings Account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____

State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Is the account a Checking Account or Savings Account (circle one)

Is the account a Personal Account or Corporate Account (circle one)

I authorize Annandale Village to initiate ACH transactions for the following
_____ Monthly charitable contribution on the 20th day of each month.

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

This authorization is to remain in full force and effect until Annandale at Suwanee, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Annandale at Suwanee, Inc. and Depository a reasonable opportunity to act on it.