



Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Authorization Form is used for authorizing A.C.A.R.F. to withdraw donations directly from the donor's bank. Donations are tax deductible as permitted by state and federal tax law.

Total Monthly Withdrawal \$ _____ (minimum of \$5.00 monthly)

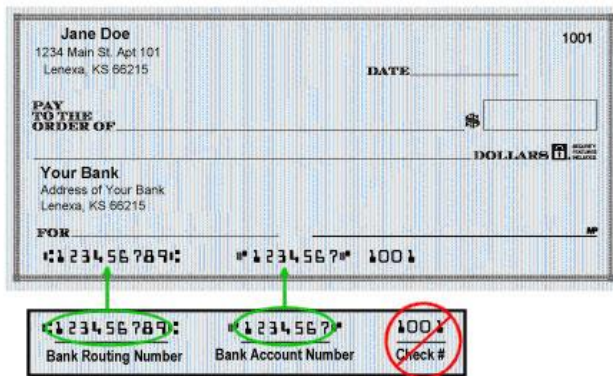
Start Date: (mm/yy) ____/____ (Withdrawals will be made on the fifth business day each month)

Type of account: ____ Checking ____ Savings

Bank Name: _____

Routing # (9 digits): _____

Account # (10 digits): _____



Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request that A.C.A.R.F. to make monthly withdrawals in the amount listed above by initiating debit entries to the account indicated, and I authorize and request BANK to accept my debit entries initiated by A.C.A.R.F. to such account. It is understood that this agreement may be terminated by me at any time by written notification to A.C.A.R.F. Any such notification to A.C.A.R.F. shall be effective only with the respect to entries initiated by A.C.A.R.F. after receipt of such notification and a reasonable opportunity to act on it.

Signature: _____

Date: _____

**Mail form to: Julie Payne, Secretary/Treasurer
2333 US Hwy 54
Iola, KS 66749**

(Be assured that no one will see this form besides the Secretary/Treasurer and it will be kept in a secure location.)