

Authorization for Donations via ACH

I authorize Long Tom Watershed Council to electronically debit my account (and if necessary, electronically credit my account to correct erroneous debits) as follows:

I would like my donation to occur on the following day:

- 1st of the month
 15th of the month
 Last day of the month

I would like my donation to occur as follows:

- One time donation
 Monthly (I would like my donations to occur every month)
 Quarterly (I would like my donations to occur every quarter, once every three months)
 Yearly (I would like my donation to occur once per year)

Your Financial Institution	
Routing Number	
Account Number	
Checking or Savings	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE _____	
PAY TO THE ORDER OF _____	\$ _____
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR _____	
⑆0123456789⑆ 01234567890123⑆ 0123	
Routing Number	Account Number

I agree that Automated Clearing House (ACH) donations I authorize comply with all applicable laws.

I understand that this authorization will remain in full force and effect until I notify Long Tom Watershed Council that I wish to revoke this authorization. I understand that Long Tom Watershed Council requires at least ten (10) business days prior notice to cancel automatically recurring donations.

Print Name

Email

Address

City, State, Zip

Signature (required)

Date

Once form has been completed, please mail for your privacy and protection. Thank you for your continued support!

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