



Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

CHECKING/DEBIT (ACH) Authorization Form

I (we) hereby authorize Camp Appanoose, Inc. (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, and Zip)

(Signature) (Date) _____

Set Amount: _____

I authorize a recurring gift by ACH on the (____) last day of each month beginning next month.

Financial Institution Routing Number: _____

Checking/Savings (please circle one); Account Number: _____

These numbers are located on the bottom of your check as follows:

] : 123456789
Routing Number

] : 1234567890123
Account Number