



Automatic Withdrawal Agreement Form

Authorization Agreement

I hereby authorize **Opal Creek Ancient Forest Center** to initiate automatic withdrawals from my account at the financial institution named below. I also authorize **Opal Creek Ancient Forest Center** to make deposits to this account in the event that a withdrawal entry is made in error.

Further, I agree not to hold **Opal Creek Ancient Forest Center** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement remains in effect until **Opal Creek Ancient Forest Center** receives a written notice of cancellation from me or my financial institution, or until I submit a new automatic withdrawal form to their billing department.

YES! I would like to make a monthly donation to **Opal Creek Ancient Forest Center** in the amount of \$____.____ to be deducted from my bank account on the 1st 15th (please check one) monthly.

Account Information

Name of Financial Institution: _____

9-Digit Routing Number: _____

Account Number: _____ checking savings

Print Name(s): _____

Authorized Signature (Primary): _____ Date: ____/____/____

Authorized Signature (Joint): _____ Date: ____/____/____

E-mail address (required): _____

check here if you prefer to **not** be added to our e-mail list and you will only receive communications from the bank via e-mail.

Mailing address (required): _____

City: _____ State: _____ Zip Code: _____

Please mail this form, **along with a voided check!**, to the address below. Thank you for your donation!

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