

## DIRECT DEPOSIT/ACH CREDIT AUTHORIZATION

**Catholic Community Foundation for Eastern South Dakota**  
**523 N Duluth Ave**  
**Sioux Falls SD 57104**

I, \_\_\_\_\_, authorize the **Catholic Community Foundation for Eastern South Dakota** to initiate electronic debit entries for the purpose of donation processing, and if necessary, electronic credit entries to correct any erroneous debit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### **Type of Bank Account:**

\*Business Checking Account

\*Business Savings Account

*\*(Check this box if the checking or savings account is setup at your bank as a business or commercial account)*

Personal Checking account

Personal Savings account

### **Banking Information:**

Financial Institution Name: \_\_\_\_\_

Financial Institution City, State, and Zip: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Amount of debit(s): *[for specify range of acceptable dollar amounts authorized]*: \_\_\_\_\_

Debits processed on the 15th of the month. Frequency of debit(s): \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

### **How to Revoke your Authorization:**

This authority will remain in effect until I have cancelled it in writing with the **Catholic Community Foundation for Eastern South Dakota** stating that I wish to revoke this authorization. I understand that the **Catholic Community Foundation for Eastern South Dakota** requires at least 1 week prior notice in order to cancel this authorization.

**Authorization Revoked on:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\*By typing in your name you are providing electronic signature.

**Retain authorization for 2 years after the revocation of the authorization**