



ACH Authorization Information

Bank Name: _____

Bank Phone Number: _____

Account Name: _____

Account Number: _____

Routing Number: _____

PLEASE PROVIDE A COPY OF A CANCELLED OR VOIDED CHECK.

This ACH authorization is to remain in effect until the payer has received written notification of termination in such time and manner as to afford the payer and the payer's bank reasonable opportunity to act. It is the sole responsibility of the payee to notify the payer in writing of any bank account changes and/or closures a minimum of 30 days in advance. This notification requires a new ACH Authorization Form to be submitted.

Person completing this form:

Date:

Signature:

Phone Number:

Title:

Email Address:

Email signed & dated Authorization Form **AND** cancelled/voided check to elizabeth@parkpride.org.