



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize **Joseph's Coat Inc.**, hereinafter called COMPANY, to initiate debit entries to my
 Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name _____ Donor ID _____

Financial Institution Name _____

Routing Number _____ Account Number _____



Amount: _____ Frequency: Monthly, 5th

Effective Date: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Date: _____

Attach a voided check to this authorization form (no deposit tickets please).