



Citizens for Community Values, Inc.

Authorization Agreement

I _____ hereby authorize **Citizens for Community Values, Inc.** to initiate automatic drafts from my account at the financial institution named below. I also authorize **Citizens for Community Values, Inc.** to make credits to this account in the event that a debit entry is made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Further, I agree not to hold **Citizens for Community Values, Inc.** 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/drafting funds to/from my account.

This agreement will remain in effect until **Citizens for Community Values, Inc.** receives a written notice of cancellation from me or my financial institution.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Draft Amounts

Draft Amount: _____

Draft Date for Each Month: 5th or 20th
(circle one)

Please attach a voided check.