



**DEBIT AUTHORIZATION**

I (we) hereby authorize **The Erika Kate Foundation**, hereinafter called COMPANY, to initiate debit entries **on the 15<sup>th</sup> of each month** to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \_\_\_ \$5, \_\_\_ \$10, \_\_\_ \$20, \_\_\_ \$50, \_\_\_ Other \$ \_\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S.law.

\_\_\_\_\_  
(Financial Institution Name) \_\_\_\_\_ (Branch)

\_\_\_\_\_  
(Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip)

\_\_\_\_\_  
(ROUTING NUMBER) \_\_\_\_\_ (ACCOUNT NUMBER) Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Print Individual Name)

\_\_\_\_\_  
(Print Individual ID Number) \_\_\_\_\_ (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.  
MAIL THE ORIGINAL SIGNED FORM AND VOIDED CHECK TO:**



**ERIKA KATE FOUNDATION  
PO BOX 45  
ALEDO, IL 61231**

