



DEBIT AUTHORIZATION

I (we) hereby authorize **The Erika Kate Foundation**, hereinafter called COMPANY, to initiate debit entries **on the 15th 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
c/o Country Bank
P.O. BOX 9
ALEDO, IL 61231**

