



Foundation for Change

Growing grassroots movements
in San Diego & Tijuana

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
Recurring Monthly Donations**

I hereby authorize (San Diego) Foundation for Change to initiate debit/credit entries to my checking account indicated below at the bank named below.

I hereby authorize my Bank _____ to charge my account and pay (San Diego) Foundation for Change each month* as a recurring monthly donation. This authorization to charge my account at my bank shall be the same as if I had personally signed a check to (San Diego) Foundation for Change. This authorization shall remain in effect until I notify my bank or (San Diego) Foundation for Change and they have a reasonable amount of time to act on my request. A record of each charge to my account will be included in my bank statement and will serve as my receipt.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

Transit Routing Number

Account Number

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Please attach a blank voided check to this form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1 (Please circle: HOME WORK CELL): _____

Phone #2 (Please circle: HOME WORK CELL): _____

Email address: _____

*Transactions will be processed on the 5th of every month.

NOTE: If the transaction date falls on a Saturday, Sunday or Federal holiday, the transaction will be made on the next business day.

This authorization is to remain in full force and effect until the (San Diego) Foundation for Change has received written notification from me (or either of us) of its termination in such time and in such manner as to afford (San Diego) Foundation for Change and San Diego National Bank a reasonable opportunity to act on it.

Name (please print): _____

Signature: _____ Date: _____