



**Marion Independent School Foundation & Alumni Association
Authorization for Direct Debit**

I (We) hereby authorize Marion Independent School Foundation & Alumni Association to initiate debit entries to my (our) account indicated below in the amount and frequency indicated below. I (We) authorize the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Checking Account Savings Account

I (We) authorize \$_____ to be debited per week,
 per month on ____ day of the month,
 other (please specify) _____.

I (We) authorize debits to begin on (MM/DD/YY) _____ and end on (MM/DD/YY) _____.

This authority is to remain in full force and effect until the date indicated above or until Marion Independent School Foundation & Alumni Association has received written notification from me (or either of us) of its termination in such time and in such manner to afford Marion Independent School Foundation & Alumni Association and Depository a reasonable opportunity to act on it.

Name(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____