



Oak Park River Forest Food Pantry

"Providing hunger relief to families in 28 zip codes in Cook County"

www.oprffoodpantry.org

AUTHORIZATION AGREEMENT FOR RECURRING ELECTRONIC ACH DEBIT DONATIONS

I hereby authorize OAK PARK RIVER FOREST FOOD PANTRY, hereinafter called the COMPANY, to initiate a debit to my Checking / Savings Account (Circle One) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

Amount to be debited: \$ _____ Number of Donations: _____

Frequency of Donations: (Circle)

Weekly

Semi-Monthly

Monthly

Quarterly

Semi-Annually

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY has received written notification from me of its termination, in such a time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CORPORATE NAME: _____

Please Print

CONSUMER NAME: _____

Please Print

Signature: _____ Date: _____