

Direct
Debit

Simplify your gift-giving
through Direct Debit from your
Checking account



**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED DONATIONS**

DONOR NAME(s): _____

I (we) hereby authorize the Morton Community Foundation (MCF) to initiate debit entries to my (our) Checking account indicated below and the BANK/DEPOSITORY named below, to debit the same to such account.

AMOUNT: \$ _____ per Month One Time Only

Please take payment on the: 1st 5th 10th 15th 25th day of the month

BANK/DEPOSITORY NAME: _____

BANK BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____ ACCOUNT NO: _____

This authority is to remain in full force and effect until MCF and BANK/DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MCF and BANK/DEPOSITORY a reasonable opportunity to act on it.

DATE: _____

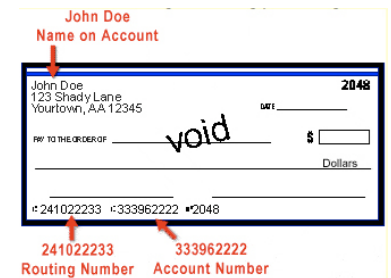
SIGNED: _____

SIGNED: _____

Please place my deposit in the following fund(s):

Please also include a VOIDED CHECK from your checking account.

Supporting your favorite cause or local charitable organization through the Morton Community Foundation is easy. We offer regular (monthly, quarterly, annually) direct debit from your Checking Account. Simply fill out this form, sign and return to us, along with a VOIDED check from the account you want us to debit. The amount you determine will then be automatically debited from your account in the intervals you designate, until you inform us of your desire to change.



MCF Office Use Only

Constituent ID No.

