



600 West Third Street
Greenville, NC 27834
252-364-2995
info@thirdstreetec.org

Authorization Agreement for Automatic Withdrawal

New Setup Change in Account Number/Bank Change in Existing Deduction

Name: _____ Date: _____

Please allocate my donation to: Third Street Education Center Third Street Academy

I hereby authorize Third Street Education Center to draft, and initiate credit entries or such adjusting entries, either Debits or Credits which are necessary for correction, to the account and bank I have listed below:

Bank Name _____

Draft From: Checking Account Savings Account

Routing Number _____

Account Number _____

Deduct the following amount(s) from my account:

_____ of the month amount \$ _____

This authorization is to remain in full force and effect until the Third Street Education Center has received a new agreement from me stating its termination in such manner as to afford the Third Street Education Center a reasonable opportunity to act on it.

Signature _____ Date: _____

Contact Information: _____

Phone

Email

ACH Questions? Contact 252-364-2995

Attach a voided check here

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆999888777 ⑆00123456789 ⑆123

Routing Number Account Number Check Number