

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the **Luverne Area Community Foundation**, to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of an entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP)

(SIGNATURE)

(DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____