

**AUTHORIZATION AGREEMENT FOR BANK DEBT**

**I (We) hereby authorize Tallahassee Senior Center Foundation, Inc., hereinafter called TSCF, to initiate debit entries for:**

\$ \_\_\_\_\_ per year, as payment towards my(our) Annual Membership.

\$ \_\_\_\_\_ per month, as payment towards \_\_\_\_\_.

from my (our) \_\_\_ Checking Account/ \_\_\_ Savings Account (select one)

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and 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 \_\_\_\_\_

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

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_

***NOTE: Please include copy of cancelled check to insure that the proper account and routing numbers are recorded.***

