



1400 N. MONROE ST. • TALLAHASSEE, FL 32303 • (850) 891-4000 • TALGOV.COM/SENIORS

ACH Debit of Checking Option – for Recurring Monthly or Annual Payments

The Tallahassee Senior Citizens Foundation is proud to present the following option to make your payments more convenient.

ACH Debit of Checking Account – This automatic payment option offers recurring payments via an ACH debit to your checking account. This payment would be recorded on your bank statement. This service can be cancelled at any time with **30 days written notice**, at which time any balance would be due in full.

Yes! Please sign me up for automatic annual/monthly payments from the following bank account.

I, (We) hereby authorize the Tallahassee Senior Citizens Foundations (hereafter referred to as Foundation) to initiate appropriate ACH entries and, if necessary, adjustments for entries made in error, to my (our) account(s) indicated below and the financial institutions(s) named below to credit and/or debit the same such accounts. This authorization shall remain in effect until the Foundation has received written notification from either party of its termination in such time and in such manner as to afford the Foundation and financial institution(s) a reasonable opportunity to act upon said termination request. The Foundation may cancel this agreement at any time upon written notification to the Foundation member.

Name on Account

Address

City, State, Zip

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Phone Number

Email Address

Financial Institution Name

Routing/Transit Number

Account Number

\$ _____ Monthly Annually

Amount

The payment shall be posted between the 1st and the 5th of your renewal month or the following day, should this be a non-banking business day, and shall begin on (month) _____ (day) _____, 20____ or as soon as possible after the Foundation has received this form properly completed and signed.

Designation of donation: _____

Help us classify your donation such as annual membership, general donation, sponsorship, art funding or other (please specify).

I approve the ACH debit charge to my bank account per the terms above.

Signature

Print Name

Date

ATTACH VOIDED CHECK HERE

Please return completed form to:

Tallahassee Senior Center Foundation
1400 N Monroe Street
Tallahassee, FL 32303