



KANSAS MASONIC FOUNDATION

Dedicated to Serving Humanity

AUTHORIZATION AGREEMENT FOR PERSONAL/BUSINESS COLLECTION (ACH DEBITS)

I hereby authorize Kansas Masonic Foundation, hereinafter called COMPANY, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Acct Holder's Name: _____ Recipient ID: _____
(Office Use Only)

Acct Holder's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Acct Holder's Phone Number: _____ E-mail Address: _____

Account Information

Acct Holder's Bank Routing Number: _____

Acct Holder's Account Number: _____ Checking ___ Savings ___

Bank ID Type: *ABA (Domestic)*
(Office Use Only)

Authorized Amt to Withdraw: _____ (weekly ___ monthly ___ yearly ___ other ___)

Last payment to be withdrawn will be approximately _____ but may vary slightly.

Date for Last Withdraw: _____

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

ACCT HOLDER SIGNATURE _____ DATE _____

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

(Please attach a copy of a voided check along with this completed form)