



**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 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: \_\_\_\_\_

Acct Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct Holder's Phone Number: \_\_\_\_\_

Acct Holder's E-Mail Address: \_\_\_\_\_

**Account Information**

Acct Holder's Bank Routing number: \_\_\_\_\_

Acct Holder's Account Number: \_\_\_\_\_

Authorized to Withdraw:

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_ Other \_\_\_\_\_

**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.**