Direct Debit Authorization Form

Action to be taken (check box): □ Start Direct Debit □ Stop Direct Debit
□ Change Account Number

_____
NAME

_____
ADDRESS

_____
TELEPHONE NUMBER

Financial Institution Information (Attach a voided check or cancelled check for verification)

Type of Account (check one): □ Checking □ Savings

TRANSIT ROUTING NUMBER **ACCOUNT NUMBER**

_____
FINANCIAL INSTITUTION NAME

_____
CITY STATE TELEPHONE NUMBER

AUTHORIZATION

Unless otherwise indicated above, I hereby authorize and request Beulah Recreation Association, hereinafter referred to as COMPANY, to direct the transaction amount of _____ to my account indicated at the Financial Institution designated above on a _____ basis, and I further authorize the Financial Institution to debit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the COMPANY a reasonable opportunity to act upon it.

I agree to notify the COMPANY if I wish to change the designated Financial Institution or account to which the transaction occurs in such time and in such manner as to allow the COMPANY a reasonable opportunity to act upon it prior to the effective date of such change.

_____ _____
SIGNATURE PRINT NAME

_____
DATE