



# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Type of Action (please check one):

New     Change     Cancel

## INDIVIDUAL INFORMATION

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

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

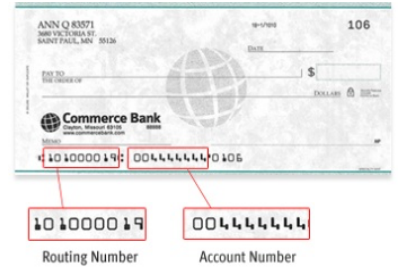
## FINANCIAL INSTITUTION INFORMATION

Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Nine-Digit Routing Number: \_\_\_\_\_

Type of Account:     Checking     Savings



## GIVING INFORMATION

Total recurring monthly donations of \$ \_\_\_\_\_

Starting Month/Year: \_\_\_\_\_

**Please note that all ACH drafts are deducted the 15<sup>th</sup> of each month.**

I/We authorize Green Mountain Farm-to-School to initiate debit entries to my/our checking/savings account indicated at the financial institution named above, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Green Mountain Farm-to-School has received written notification from me/us to change the terms of this agreement.

Name(s): \_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

### Send completed authorization form to:

Green Mountain Farm-to-School  
115 2<sup>nd</sup> Street  
Newport, VT 05855

Should you have any questions, please contact Catherine Cusack at 802-334-2044 or ccusack@gmfts.org