



## 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 on the 8th 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/our 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): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Send completed authorization form to:

Catherine Cusack  
Green Mountain Farm-to-School  
115 2nd Street  
Newport, VT 05855

### Questions?

Please contact Catherine Cusack,  
Executive Director, at 802-334-2044 or  
ccusack@gmfts.org