



AUTHORIZATION AGREEMENT
Recurring ACH Payment Authorization

The organization listed below authorizes Iowa Yearly Meeting of Friends to initiate withdrawals from the account and date(s) indicated below. If the due date falls on a weekend or holiday, withdrawals may be made on the next business day.

AUTHORIZATION

Bank Name _____

Bank Routing Number _____

Customer Account Number _____

- CHECKING**
- SAVINGS**

Customer/Company Name _____

Authorizing Party Name _____

Amount to be Withdrawn _____

Date to be Withdrawn _____

Where the Donation should be directed _____

- ONE TIME AUTHORIZATION**
- RECURRING MONTHLY CHARGE**

Authorized Signature _____ **Date** _____