

Authorization for Automatic Contributions

Organization Name: Iowa Lions Foundation, P.O. Box 1, Monticello, IA 52310

I authorize the above named to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically withdrawing funds from my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Please all that are applicable:

\$ _____ Regular Monthly Contribution Beginning Month : _____ Ending Month : _____

Name on Account: _____

Donor's City: _____ State: _____ Zip: _____

Bank Name: _____ Branch Name: _____

Routing Number: _____ Account Number: _____

- Checking Savings Other _____
- New Authorization Change of Bank Information Termination

***** PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND MAIL TO ABOVE ADDRESS*****

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I understand that this authorization replaces any previous authorization and will remain in full force and effect until the organization has received notification from me of it's termination in such time and in such manner as to afford the organization and DEPOSITORY a reasonable opportunity to act on it.

Signature	Date
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Signature (for termination of Automatic Withdrawal	Date
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