## **Authorization for Automatic Contributions**

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

Please all that are applicable:	+	transactions must comply with		+
		Beginning Month :		Ending Month :
				Zip:
Routing Number:		Account Number:		
🗖 Checki	-	Savings		Other
		Change of Bank Information CK OR DEPOSIT SLIP AND MA		
		on for Automatic Contributi		
Organization Name: <u>Io</u>	wa Lions Foundation	n, P.O. Box 1, Monticello, IA	<b>523</b> 1	<u>10</u>
	he origination of these	fied below), for the purpose of transactions must comply with		matically withdrawing funds from provisions of U.S. law.
\$ Regular	Monthly Contribution	Beginning Month :		Ending Month :
Name on Account:				
Donor's City:		State:		Zip:
Bank Name:		Branch Name:		
		Account Number: _		
Kouting Number:	_		_	
□ Checki □ New A	uthorization	Savings Change of Bank Information CK OR DEPOSIT SLIP AND MA		
□ Checki □ New A	uthorization	Change of Bank Information CK OR DEPOSIT SLIP AND MA		Termination
□ Checki □ New A *** <b>PLEASE</b> A	ATTACH A VOIDED CHE	Change of Bank Information CK OR DEPOSIT SLIP AND MA	IIL TC	Termination  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.

	Date
Signature (for termination of Automatic Withdrawal	Date
that this authorization replaces any previous authorization and will rem	
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pportunity to act on it.	to afford the organization and DEPOSI
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Signature	Date