

AUTOMATIC DEBIT
AUTHORIZATION FORM

I hereby authorize The Kiwanis Club of Asheville Inc, hereinafter called COMPANY, to initiate debit entries and adjustments for any debit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until COMPANY has received the minimum annual dues of \$107. Once minimum annual dues are received, the authority may be terminated with written notification from me (or either of us) in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date:

Name (Print):

Financial Institution Name: **First Bank**

Financial Institution Address: **1012 Patton Ave. Asheville NC 28806**

Check One

I am not currently participating in the Payment Disbursement Program

START – Debit dues from the account shown below

I am currently participating in the Payment Disbursement Program

CHANGE - Change Financial Institutions and/or account number as below

CANCEL - Stop my participation in the program.

IMPORTANT: CHECK TYPE OF ACCOUNT

CHECKING SAVINGS

ABA (Routing) number: _____

Account number: _____

(Member's Signature)

(Date)

****PLEASE ATTACH A VOIDED CHECK IF POSSIBLE****