

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH DEBITS)

COMPANY NAME: PIERSTORF MEMORIAL FUND

I (we) hereby authorize The Pierstorf Memorial Fund, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below at the depository Financial Institution named, hereinafter called BANK:

BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NO. _____ ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. If any payment is returned due to non-sufficient funds in my account or for any other reason, I will pay an NSF fee of \$15.00 for each such occurrence.

NAME(S) _____ Phone # _____
(Please print)

Address _____ Email _____

City _____ State _____ Zip _____

SIGNED X _____ DATE _____

SIGNED X _____

Debits to be made on the _____5th or _____20th of each month.

Amount of payment: \$ _____ Date of first payment _____

ATTACH VOIDED CHECK IF AVAILABLE