BOYS & GIRLS CLUBS
OF THE MIDLANDS

# AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

*SECURING THE FUTURE FOR TODAY'S YOUTH*

**Purpose of Authorization (select one)**

☐ New Authorization (Complete A, B, C & F)
☐ Changes to existing Authorization (Complete A, B, D & F)
☐ Cancellation (Complete A & E)

## A. MEMBER INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

## B. BANKING/FINANCIAL INSTITUTION INFORMATION

Name of Bank/Financial Institution _____ Bank Routing # _____

Account # _____ ☐ Checking ☐ Savings

Amount to be withdrawn on the 2nd of each month $_____ Amount to be withdrawn on the 16th of each month $_____

## C. NEW AUTHORIZATION STATEMENT

I authorize Boys & Girls Clubs of the Midlands to debit the above amount from the financial institution indicated above for withdrawal from my account. I understand I may terminate this agreement at any time by completing another authorization form and sending it to Boys & Girls Clubs of the Midlands to act upon my request. I hereby authorize Boys & Girls Clubs of the Midlands to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to my account as indicated above. I also authorize the depository named above to debit and/or credit the same to such account.

Signature _____ Date Signed _____

## D. CHANGE AUTHORIZATION STATEMENT

I authorize and request Boys & Girls Clubs of the Midlands to make the changes indicated on this form for automatic withdrawals to my account.

Signature _____ Date Signed _____

## E. CANCELLATION STATEMENT

I request that Boys & Girls Clubs of the Midlands terminate my automatic withdrawal from my account. I will allow a reasonable time for Boys & Girls Clubs of the Midlands to act upon my request to terminate this agreement.

Signature _____ Date Signed _____

## F. ATTACH A VOIDED CHECK AND RETURN THIS FORM IN AN ENVELOPE TO:

Boys & Girls Clubs of the Midlands 2610 Hamilton Street Omaha, NE 68131