

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: Family Access Network Foundation

Company ID Number 20-3534560

I (we) hereby authorize the Family Access Network Foundation to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____

Branch: _____

City: _____

State: _____ ZIP: _____

Routing Number: _____

Account: _____

This authorization is to remain in full force and effect until the Family Access Network Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Family Access Network Foundation and DEPOSITORY a reasonable opportunity to act on it. Monthly pledge payments will be processed on the 10th of each month or the next business day if it falls on a weekend or holiday.

Name(s): _____
(Please Print)

Date: _____

Signature: _____

Amount of monthly donation: \$ _____

Please mail to: Family Access Network Foundation
2125 NE Daggett Ln.
Bend, OR 97701

For questions call: 541-693-5675