AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)

Marshalltown Community Theatre ID # 23-7114691
PO Box 923
Marshalltown IA 50158

I hereby authorize Marshalltown Community Theatre to debit the account listed below for my donation. I further authorize credit entries to my account for adjustments or corrections, if necessary.

Amount of Donation (per month): $_____ ☐ $50 ☐ $35 ☐ $25 ☐ $15 ☐ $10 ☐

Date of Donation (check one): 5th ☐ 20th ☐ Type of Acct: Checking ☐ Savings ☐

ATTACH COPY OF A VOIDED CHECK HERE **OR** FILL IN THE INFORMATION BELOW.
Caution: Please do not use a deposit slip as the information found on a deposit slip is not always ACH compatible.

FINANCIAL INSTITUTION/DEPOSITORY

Name of Financial Institution: _____

City _____ State _____ Zip Code _____

Bank No./ABA No										Account Number													

(this is the first nine digit number on the bottom left corner of your checks)

This authority is to remain in full force and effect until Marshalltown Community Theatre has received written notification from me of its termination in such time and in such manner as to afford MCT and Financial Institution/Depository a reasonable opportunity to act on it.

NAME: _____ ___ _____ Date: _____
Please Print FIRST INIT LAST

E-mail _____
Providing e-mail address gives authority for communication via e-mail instead of U.S. postal service.

Signature: _____

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Authorization revoked: Date_____ Signature _____
This authorization is to be retained by MCT for seven years following revocation of authorization.