



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Wabash County Museum to initiate debit entries to my (our) Checking or Savings account (select one) indicated below and the depository name below, hereinafter called DEPOSITORY. I (we) also authorize the Wabash County Museum to initiate, if necessary, credit entries and adjustments for any debit entries in error to the same account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect according to the dates below unless the Wabash County Museum has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Wabash County Museum and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(Please Print)

DATE _____ SIGNATURE _____

In order to ensure the correctness of the Depository information, please attach a voided check (checking) or blank deposit slip (savings) to this Authorization Form.

Designation: WCM Annual Fund
 Other _____

Please debit my account for \$ _____ every month quarter other: _____

Beginning Date: _____ End Date: _____
Or Continue until notified of termination date

Transactions will occur on approximately the 15th or next business day of each approved month. Changes initiated after the 10th of a month will not take effect until the following month.

Please return completed form to: Wabash County Museum, 36 E Market St, Wabash IN 46992