

AUTOMATIC (DIRECT) DEPOSIT AUTHORIZATION

NAME _____ New Change Termination

Indicate the dollar amount or percentage of the total deposit to be distributed to the account(s) identified at left. You must account for 100% of the funds.

	Example A (Using %)	Example B (Using \$ Amounts)
Account #1	10%	\$50.00
Account #2	25%	\$100.00
Account #3	65%	Remaining Balance
TOTAL:	100%	100%

ACCOUNTS TO BE CREDITED

1. Name(s) on Account _____
 Institution Name _____
 City, State _____ Institution Phone # _____
 Account Type: Checking Savings _____
 Account Number: _____ Transit/Routing # _____

 Full Amount of Funds

2. Name(s) on Account _____
 Institution Name _____
 City, State _____ Institution Phone # _____
 Account Type: Checking Savings _____
 Account Number: _____ Transit/Routing # _____

 Remaining Balance of Funds

3. Name(s) on Account _____
 Institution Name _____
 City, State _____ Institution Phone # _____
 Account Type: Checking Savings _____
 Account Number: _____ Transit/Routing # _____

 Remaining Balance of Funds

4. Name(s) on Account _____
 Institution Name _____
 City, State _____ Institution Phone # _____
 Account Type: Checking Savings _____
 Account Number: _____ Transit/Routing # _____

 Remaining Balance of Funds

5. Name(s) on Account _____
 Institution Name _____
 City, State _____ Institution Phone # _____
 Account Type: Checking Savings _____
 Account Number: _____ Transit/Routing # _____

 Remaining Balance of Funds

I/We authorize _____, the Arts and Humanities Council of Montgomery County, to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicated above. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the Arts and Humanities Council of Montgomery County has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Arts and Humanities Council of Montgomery County and financial institution(s) a reasonable opportunity to act on it.

NAME(S) (Print or Type): _____ ID# _____

(Signature) (date)

(Signature) (date)