

**AUTHORIZATION AGREEMENT FOR RECURRING CONTRIBUTIONS (ACH DEBITS)**



**Enroll today by completing and returning this form:**

Chautauqua Region Community Foundation  
Jake Schrantz, Fiscal Officer  
418 Spring St.  
Jamestown, NY 14701  
jschrantz@crcfonline.org

**Originator Name: Chautauqua Region Community Foundation, Inc.**  
**Tax ID Number: 16-1116837**

Name (s): \_\_\_\_\_  I (we) wish to remain anonymous  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I (we) hereby authorize Chautauqua Region Community Foundation, Inc., hereinafter called ORIGINATOR, to initiate debit entries (i.e.; withdrawals) from my (our)  Checking Account/  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit (i.e.; withdraw) the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Depository**  
Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Amount of Each Withdrawal: \$ \_\_\_\_\_  
Frequency of Withdrawals: \_\_\_\_\_  
*(i.e.; Monthly, Bi-Monthly, Quarterly, Semi-Annually or Annually)*  
\*Date to Withdraw Funds will be on the 13th of the month  
I (we) hereby pledge to pay the Chautauqua Region Community Foundation the total sum of \$ \_\_\_\_\_ annually by the terms outlined above for frequency and amount per ACH debit.

Fund Name: \_\_\_\_\_  
Or  Fund for the Region, direct my gift where it is needed most  
Tribute (Memory or Honor): \_\_\_\_\_  
\*You may direct one of your recurring gifts in honor of or in memory of someone special at any time by contacting us.

This authorization is to remain in full force and effect until ORIGINATOR has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Name (s): \_\_\_\_\_  
Date \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Thank you enrolling in the Recurring Giving Program!  
*You will receive a welcome letter acknowledging the terms you selected on this form.  
For tax purposes you will be receipted at the end of the year for your total annual contribution.*