# Authorization for Direct Deposit via ACH (ACH Debits)

I (We) authorize HISTORIC DOWNTOWN DISTRICT OF CRYSTAL LAKE, INC., ("COMPANY") to electronically Debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows.

- ☐ Checking Account
- ☐ Savings Account (select one)

At the depository financial institution named below, hereinafter called ("DEPOSITORY"), to debit and or credit the same to such account. I (we) acknowledge/agree that the origination of ACH transactions to my (our) account must comply with the all applicable provisions of U.S. law, and under NACHA guidelines.

DepositoryName_____

Transit/ABA/Routing No._____ Account No._____

Amount of Debit: $22.00 – MONTHLY BUSINESS MEMBERSHIP DUES

THIS AMOUNT WILL BE DEDUCTED ON THE FIRST OF EACH MONTH.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY by written notification from me (or either of us) wish to revoke this authorization. I (we) understand that COMPANY requires at least (2 weeks) prior notice in order to termination/cancel this authorization.

Name(s)_____
　　　　　(PLEASE PRINT)

Date _____ Signature (s) _____

TAPE YOUR VOIDED CHECK ON THIS FORM.