



Thaddeus Stevens

FOUNDATION

ACH Debit Recurring Donation Authorization Form

Please use this form to authorize the Thaddeus Stevens Foundation to debit your bank account on a recurring basis for donations.

Donor Information

Account Information

Name (on bank account)

Bank Name

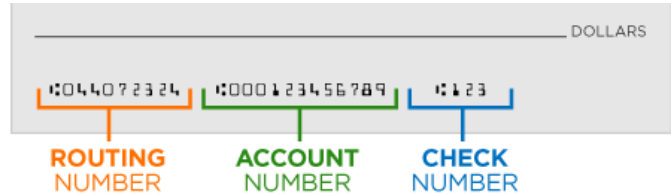
Address

Bank City and State

City, State Zip

Bank Phone Number

Telephone Number



Monthly Donation Amount

Bank Routing or "Transit" Number

Designation of funds

Bank Account Number

Account Type (Checking or Savings)

Please attach a copy of a voided check with this form mail it to the Thaddeus Stevens Foundation at 740 E. End. Lancaster, PA 17602. For questions, please contact our Foundation Office at 717.299.7776.

Authorization

By sending in this ACH debit authorization form, you authorize Thaddeus Stevens Foundation to debit your bank account for donations to the Foundation. You understand that this is a periodic debit made on the 15 of the month, and that to change or terminate this recurring debit process you must give the Foundation written notice within 15 days of the next recurring debit. You acknowledge that you are the owner or authorized signer on the account information entered in this form.

Signature of authorized Bank Account Holder

Date