

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

WE CAN'T THANK YOU ENOUGH FOR BELIEVING IN OUR CHILDREN'S FUTURE!

ID Number: 46-5278938

I (we) hereby authorize Wisconsin River Trail Organization, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_\_\_ checking account \_\_\_\_\_ savings account

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to 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 (Your Bank Name) \_\_\_\_\_  
Branch (If Any) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

(1<sup>st</sup> set of numbers on your checkbook numbers is your routing number, 2<sup>nd</sup> set is your account number)

NOTE: PLEASE DATE YOUR DEBITS TO BEGIN 2 WEEKS FROM TODAY OR LATER IN ORDER FOR YOUR BANK TO PROCESS THIS TRANSACTION IN A TIMELY MANNER.

Bi-Weekly payments beginning on \_\_\_\_\_ and occurring every two weeks thereafter until \$ \_\_\_\_\_ has been contributed or \_\_\_\_\_ until notified by myself (us) in writing to discontinue withdrawal

Or

Monthly payments occurring on the \_\_\_\_\_ day of every month until \$ \_\_\_\_\_ has been contributed or \_\_\_\_\_ until notified by myself (us) in writing to discontinue withdrawal

Or

A one-time donation of \_\_\_\_\_ (amount) to be donated from my (our) account within the next 14 business days.

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

Name(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE DROP THIS FORM OFF AT COMMUNITY FIRST BANK (ATTENTION JO SOMMERS) OR MAIL THIS FORM TO:  
WISCONSIN RIVER TRAIL ORGANIZATION C/O JO SOMMERS, TREASURER  
103 W. PRAIRIE ST., BOSCOBEL, WI 53805