



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

COMPANY NAME: _____

COMPANY TAX ID NUMBER: _____

I (we) hereby authorize the New York Council of Nonprofits, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below at the depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____

ACCOUNT NO. _____

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) _____
(PLEASE PRINT)

Tax ID NUMBER _____

SIGNED X _____ DATE _____

SIGNED X _____ DATE _____

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