

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH Debits)**

I authorize you, North Valley Community Foundation, to initiate ACH Debit entries ("Debit Entries") to my deposit account ("Account") at my Financial Institution named below. This authorization is for recurring payments that I owe to you as donations to North Valley Community Foundation. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY YOU, THE ORIGINATING COMPANY, IN WRITING.** So long as this authorization has not been terminated or revoked, any Debit Entry originated by you under this authorization shall be conclusively presumed to be properly authorized for debit to my Account.

I understand that if my Account is closed, my Financial Institution cannot accept any Debit Entry and the entry will be refused. If this occurs you will not be able to reprocess the Debit Entry without further written authorization from me.

I authorize my Financial Institution to accept these Debit Entries to my Account upon receipt and without advice to me.

My Financial Institution Name: \_\_\_\_\_  
Street Address or Branch: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

My Deposit Account Number: \_\_\_\_\_ DDA [ ] SAV [ ] CHECK [ ] OTHER [ ]

Name(s) on the Account: \_\_\_\_\_

Authorized Debit Entries: You are authorized to originate Debit Entries to my Account to pay recurring amounts owed by me on the 5th day of the month (or business day preceding that day if that day is not a business day.) The amount of these recurring payments will be \$\_\_\_\_\_ per month. Please send all notices and advices to the address shown below my signature.

**This donation is to the DURHAM COMMUNITY EDUCATION FUND, a fund of the Durham Community Foundation, in the following amounts:**

\$\_\_\_\_\_ **Unrestricted / undesignated**      \$\_\_\_\_\_ **Academics and Student Achievement**  
\$\_\_\_\_\_ **Career and Technical Education**      \$\_\_\_\_\_ **Student Activities and Athletics**

*I also authorize North Valley Community Foundation and Butte Community Bank to make adjustment entries in the event of erroneous transactions to my account.*

I hereby certify that I am an owner and authorized signer of the Account. I acknowledge receiving a copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or to your bank upon request.

Date: \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_\_ Address

**PLEASE ATTACH A VOIDED CHECK  
(if applicable)**

**Mail to: NVCF, 3120 Cohasset Road, Suite 8,  
Chico, CA 95973**

