

The Lander Foundation
DRAFT [ACH DEBIT] AUTHORIZATION FORM

Payer: _____

Payee: **The Lander Foundation** _____

_____ Hereby authorizes **The Lander Foundation**, hereinafter called
[Payer] [Payee]

Company, to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to the account listed below. _____ Acknowledges that
[Payer]
the origination of ACH transactions to/from its account must comply with the provisions of U.S. Law and NACHA Operating Rules and Guidelines.

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Please choose date for draft per month:
Checking Account 1st 15th 28th

Designation of Funds: _____

Please attach a voided check to this form in order to ensure proper debit to your account. DO NOT attach a deposit slip, as the routing information may be different for ACH transactions.

This authority is to remain in full force and effect until **Company** has received written authorization from _____ of its termination in such time and manner as to afford **Company** a
[Payer]

reasonable opportunity to act on it.

[Payer]

[Date]