ACH Authorization Form

Instructions - Please complete all 3 steps.
If you would like to authorize the Madison County Republican Party to deduct your monthly contribution by automatic deduction please:

1. Complete the form below, sign and date
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to:
   Madison County Republican Party
   PO BOX 765
   ANDERSON IN 46015-0765

We will process your account for automatic deduction as soon as possible after we receive your form.

I (we) hereby authorize the Madison County Republican Party to initiate debit entries to my (our) account in the entity named below ("institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated below.
_____ Checking _____Savings (Check One)

_____
Institution Name

_____
Address

_____
City State Zip

_____ _____
Transit/ABA # Account #

Withdrawal Amount $_____Withdrawal Date: ___1st ___10th ___15th ___20th

Start Date: _____/_____mm/yy

This authorization is to remain in full force until written notification from me of my desire to terminate this agreement in such time and in such manner as to give the Madison County Republican Party a reasonable opportunity to act on it.

X_____ _____
Signature Date

_____
Account Holder Name

_____
Address

_____
City State Zip

_____
Phone Email