



# Partner

## IMPACT 100 CRAWFORD COUNTY FUND

Thank you for your dedication to

*CRAWFORD COUNTY*

*Crawford County Foundation is a non-profit organization so **your donation is tax deductible!***

**Please deduct the amount indicated below from my account the 21st of every month to contribute to the Impact 100 Crawford County fund.**

**\$21.00** \_\_\_\_\_ **\$23.00** \_\_\_\_\_ **\$25.00** \_\_\_\_\_ **Other \$** \_\_\_\_\_

### AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Crawford County Foundation** to debit my (our) account indicated below. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(E-mail Address)

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

This authority is to remain in effect until CRAWFORD COUNTY FOUNDATION has received written notification from me (or either of us) of its termination in such time and manner as to afford CRAWFORD COUNTY FOUNDATION and my Financial Institution a reasonable opportunity to act on it.

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

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**