

# ACH DEBIT AUTHORIZATION

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company/Individual Name \_\_\_\_\_ Company/Individual ID Number \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called \_\_\_\_\_, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

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) \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please Print) (To Be Completed by COMPANY)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Please fill out the form above and sign
2. Choose a date for donation (please check a date that you want)  
 5<sup>th</sup> of every month.  20<sup>th</sup> of every month
3. Set the amount you want to donate every month \_\_\_\_\_ \$.
4. Please return the form to CMI in mail or email.

If you have any questions regarding this, please contact [info@cornerstoneusa.org](mailto:info@cornerstoneusa.org) or call 714)484-0042. Thank you.