



AUTHORIZATION FOR DIRECT DEBIT

Direct Debit via ACH is the withdrawal of funds from a consumer’s account for contributions.

Check all that apply: Begin Debit Change Information

I have provided information for my account below:

I hereby authorize Normal Public Library Foundation to electronically debit my account (and, if necessary, to electronically credit my account to correct erroneous debits). I agree that ACH transactions I authorize comply with all applicable laws.

Account

Checking Account / Savings Account (select one) at the depository financial institution (“DEPOSITORY”) named below.

Depository Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Amount to Debit: \$ _____

Select Interval: Weekly _____ (Fridays)

Monthly _____ (Last business day of the month)

I understand that this authorization will remain in full force and effect until I notify Normal Public Library Foundation in writing that I wish to revoke this authorization. I understand that Normal Public Library Foundation requires at least 2 weeks prior notice in order to cancel this authorization.

Name: _____
(Please Print)

Signature: _____ Date: _____

Please attach a voided check.

Return completed form to: Normal Public Library Foundation
Attn: Library Director
206 W. College Ave.
Normal, IL 61761