

# \$10 in 2010

## United Way of Murray-Calloway County

\_\_\_\_\_ I will use the automatic bank draft for twelve, \$10 monthly contributions.

\_\_\_\_\_ I am enclosing a tax-deductible contribution of \$120

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Is contribution to be anonymous? \_\_\_\_\_ Yes \_\_\_\_\_ No

E-mail address \_\_\_\_\_

Optional: This contribution is being made in memory of \_\_\_\_\_ (or) in honor of \_\_\_\_\_

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

### ACH Origination Authorization

(Automated Clearing House)

Contributor Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Transfer From:

Account Type \_\_\_\_\_ Checking  Savings

Account Number \_\_\_\_\_

ABA/Routing # \_\_\_\_\_

Transfer To:

United Way of Murray-Calloway County Amount \$ 120

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Authorization:

I hereby authorize you to make the transfer indicated above until further notice from me. If this agreement changes any prior authorization between you and me, the prior authorization is cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer occurs. I understand that I can tell you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date in order for you to make the automatic transfer. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer, the automatic transfer may not be made. I further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to any charges related to items returned because of insufficient funds, or for any late charges.

Account Holder

X \_\_\_\_\_

Date