

DEBIT AUTHORIZATION

I (we) hereby authorize Kansas Sampler Foundation (KSF) to initiate debit entries to my (our) account indicated below and the financial institution named below to debit the same to such account for a tax deductible donation to KSF. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(financial institution name)

(financial institution branch)

(financial institution address)

(city, state, zip)

(financial institution routing number)

(your account number)

Check type of account Checking Savings

AMOUNT \$

Frequency will be MONTHLY on approx. the 15th

This authorization is to remain in full force and effect until KSF has received written notification from me (or either of us) of its termination in such time and manner as to afford KSF and FINANCIAL INSTITUTION a reasonable opportunity and amount of time to act on termination notification.

Signature of Authorized Account Holder

Please print account holder name

Address

Contact Telephone Number

City, State, Zip

Email

Please tell us the name(s) as to how the donation should be listed: _____

** PLEASE ATTACH A VOIDED CHECK**

Thank you for supporting KSF in this manner!