

DEBIT ENTRY AUTHORIZATION--ACH

COMPANY NAME Steelville Arts Council

COMPANY TAX ID# 27-2995330

I (we) hereby authorize Starco Capital or operating (circle one) hereinafter called COMPANY, to initiate Debit entries to my (our) Checking\_\_\_\_\_/ 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.

YOUR BANK OR FINANCIAL INSTITUTION

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING/ABA# \_\_\_\_\_ YOUR ACCOUNT NO. \_\_\_\_\_

AMOUNT OF DONATION \_\_\_\_\_

One time only \_\_\_\_\_ on what date \_\_\_\_\_

Monthly ongoing \_\_\_\_\_ date of Month to take donation \_\_\_\_\_

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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_

Social Security # or Tax ID# \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM

If you have any questions, please call Ellen Bowles at 573-743-3478.