



# Direct Debit Authorization Agreement

Company Name: Camp Wyoming

Company ID Number: 42-0848153

I (we) hereby authorize Camp Wyoming, hereinafter called COMPANY, to initiate debit entries to my (our) account, indicated below, at the financial institution named below, 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.

Financial Institution: _____	
Branch: _____	
City: _____ State: _____ Zip: _____	
Routing Number: _____ Account Number: _____	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Monthly Deduction Amount: \$ _____	
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 the Financial Institution a reasonable opportunity to act on it.	
Name(s): _____	
Signature: _____ Date: _____	
Signature: _____ Date: _____	

\*Note: Funds are withdrawn on the 20<sup>th</sup> day of each month.