



Automatic ACH Transfer Authorization

I (we) authorize The Well Resource Center to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows at the financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Debit Account Information

Debited Account Holder Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Bank Account Type: Checking or Savings (circle one)

Please attach a voided check or deposit slip here to validate external account information

The Well will make the transfers on the following basis:

Dollar amount: _____

Date of First Transfer: _____ on the 1st or 15th of each month (circle one).

Frequency of the Transfer: Monthly Weekly

If transfer date occurs on a non-processing day for Marion County Bank, then the transfer will be made on the first processing day after the scheduled transfer date.

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Well Resource Center in writing that I (we) wish to revoke this authorization. I (we) understand that The Well Resource Center requires at least 10 days prior notice in order to cancel this authorization.

Account Holder signature: _____ Date: _____

Internal Use Only: OFAC