

# PRINT & SEND AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)



Please mail or deliver this form to:  
Attn: Lori Ogden  
Operation Stand Down Tennessee  
1125 12<sup>th</sup> Avenue South  
Nashville, TN 37203

## Donor Information – Please Print Legibly

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gift Amount per Month: \_\_\_\_\_ Date of Withdrawal:  1<sup>st</sup> or  15<sup>th</sup>

Yes, I would like to receive online communications from Operation Stand Down Tennessee

I (we) hereby authorize Operation Stand Down Tennessee to initiate debit entries to my (our)  
 Checking Account /  Savings Account (select one) 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.

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

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until Operation Stand Down Tennessee has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Operation Stand Down Tennessee and the financial institution a reasonable opportunity to act on it.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Thank you for your donation! A formal acknowledgement of your gift will be mailed to you.**