



Authorization for Direct Debit

I (We) hereby authorize **BACKYARD ABUNDANCE** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____ **Branch:** _____
City: _____ **State:** _____ **ZIP:** _____
Withdrawal Date: 1st of the month 15th of the month **Amount:** _____
Account: Checking Savings
Routing Number: _____ **Account Number:** _____

This authority 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 Depository a reasonable opportunity to act on it.

Name(s): _____
Signature: _____ **Date:** _____
Address: _____ **Phone:** _____

Mail to: **Backyard Abundance**
P.O. Box 1605
Iowa City, IA 52244





Please contact us if you have any questions.
info@BackyardAbundance.org
319-325-6810

Authorization for Direct Debit Instructions

I (We) hereby authorize **BACKYARD ABUNDANCE** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: Your bank name

Branch: Your bank branch name (optional)

City: Your bank city

State: Your bank state

ZIP: Your bank zip code

Withdrawal Date: 1st of the month 15th of the month Amount: Dollar amount of monthly withdrawal

Check only one

Account: Checking Savings

Check only one

Routing Number: _____

Account Number: _____

For checking, see the check example below. For savings, contact your financial institution for your routing number.

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Name(s): Your printed name

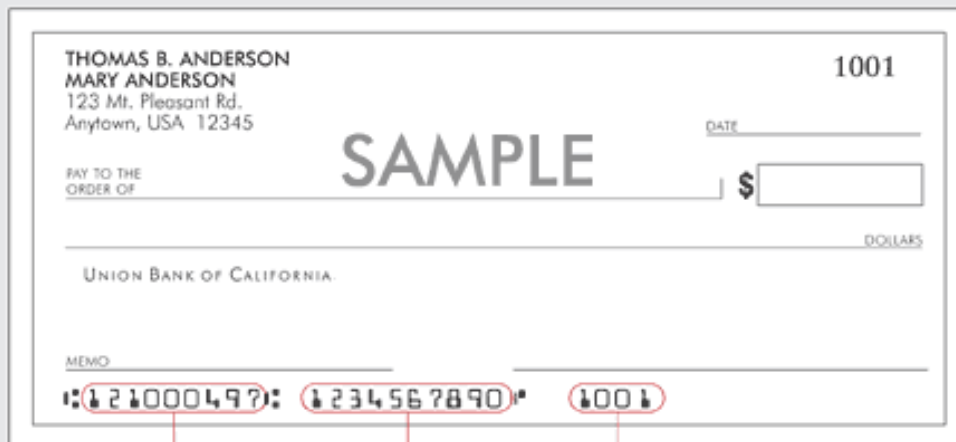
Signature: Your signature

Date: Today's date

Address: Your city, state, and zip code

Phone: Your phone number

Staple a check here. Write "VOID" across the check.



Routing Number

Account Number

Check Number