



NEIGHBORS HELPING NEIGHBORS

LOWER FLATHEAD VALLEY COMMUNITY FOUNDATION

P.O. Box 255
Ronan, MT 59864
406-676-4110

Authorization for Direct Payment Plan

I authorize the Lower Flathead Valley Foundation to initiate regularly scheduled entries to my checking or savings account. I understand that my payments will be made automatically on the specified day. I will notify the Lower Flathead Valley Community Foundation in writing if there is a change in the payment amount at least 5 business days before my account is scheduled to be charged. I can stop payment of any entry by notifying the Lower Flathead Valley Community Foundation at least 3 business days before my account is scheduled to be charged. ****Please contact Myrna Gauthier to make any changes to this authorization****

Signature _____ Date _____

Name- Please Print _____

Physical Address _____

Mailing Address _____

Daytime Telephone Number _____

Receiving Financial Institution Information:

Bank Name _____

Address _____

Routing or ABA Number _____

Your Account Information:

Account Name _____

Account Number _____ Checking _____ Savings _____

Your Account Will Be Debited According To The Terms Below

Regular Payment Amount_ \$ _____

Regular Payment Date*** _____ ***(example: 1st, 5th, every other Friday)*

If this date falls on a holiday or weekend, the payment will be pulled after.

Payment Frequency _____ *(Monthly, Weekly, Bi-Weekly)*

First Payment Date _____