



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH CREDITS)

I hereby authorize CAMP HAZEN YMCA, hereinafter called the COMPANY, to credit entries to my account indicated below and the Financial Institutions named below, hereinafter called FINANCIAL INSTITUTION, to credit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

Complete Sections #1 OR #2

SECTION #1 – New Bank Information

Financial Institution		Branch	
Address		City	State Zip
Routing/Transit #	Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

SECTION #2 – Current Bank Information

My bank information has not changed from last year. Please use the information in your records from last year

This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Full Name

Social Security

Signature

Date

01/15

Camp Hazen YMCA

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