



HOCKLEY COUNTY ENDOWMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Levelland Main Street Endowment

I (we) hereby authorize Community Foundation of West Texas, hereinafter called COMPANY, to initiate debit entries to my (our) ¹ Checking Account/¹ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, 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.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

Monthly Date to Draft 10th or 20th Amount to draft \$ _____

This authorization 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.

Names(s) _____
(Please Print)

Date _____ Signature _____

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

The Hockley County Endowment is an affiliate of the Community Foundation of West Texas.