



**CONTINUING AUTOMATIC WITHDRAWAL
AUTHORIZATION FORM**
**FOR ONGOING DONOR SUPPORT TO
MARION COMMUNITY FOUNDATION**

I (we) wish to make a tax-deductible gift on a monthly basis. I (we) authorize Marion Community Foundation and my (our) financial institution to initiate a recurring monthly withdrawal from the bank account listed below. I (we) understand this gift will be deducted from my (our) account on the ____ day of each month:

Amount: \$ _____ per month

Start Date _____

My contribution is to benefit (check one):

Cancel Date _____

- Marion Community Foundation (no specific fund)
- The following charitable fund:

Other instructions, if any:

Beginning

Month/Year: _____

I (we) authorize any necessary credit entries, debit entries and adjustments to my (our) account in connection with this transaction. This authority will remain in effect until Marion Community Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Marion Community Foundation reasonable opportunity to act on it.

Please Print

Donor Name(s) _____ Donor ID _____
(For Office Use Only)

Address _____

City / State / Zip Code _____

Phone Number _____

Email address _____

Signature of Account Owner

Date

Signature of Account Co-Owner

Date

Continued on Reverse

Financial Institution Name:

Branch (if applicable):

City / State / Zip Code _____

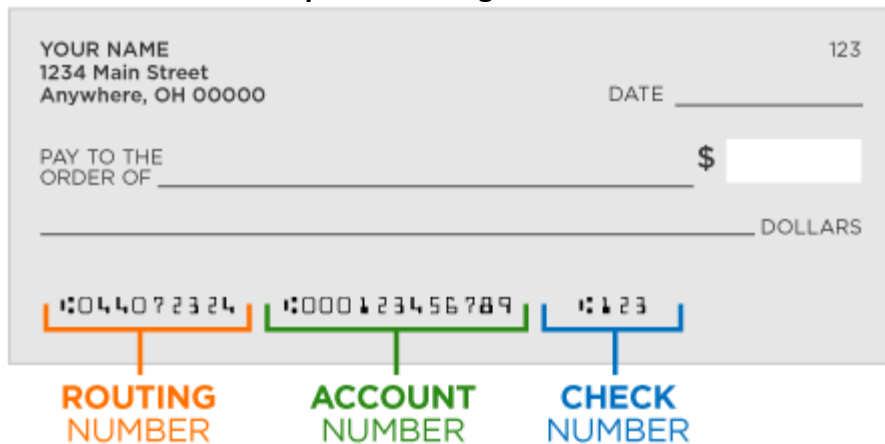
Transit Routing Number (ABA) _____

Account Number at Financial Institution _____

Checking Account **Savings Account**

Money Market Account **Other:** _____

Example of banking information:



Please provide a copy to us of a voided check if using a checking account for your gift.

Safeguarding Your Information:

To ensure your personal information is safe, we have in place several safeguards. We require our employees to treat your personal information as confidential. We restrict access of your nonpublic personal information to those employees who need to know that information to complete these transactions.

**Please mail this completed form to: Marion Community Foundation
504 South State Street
Marion, Ohio 43302**

Or scan and email this form to: DeanJacob@MarionCommunityFoundation.Org

If you have questions, please contact us at (740) 387-9704.