



## 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): \_\_\_\_\_

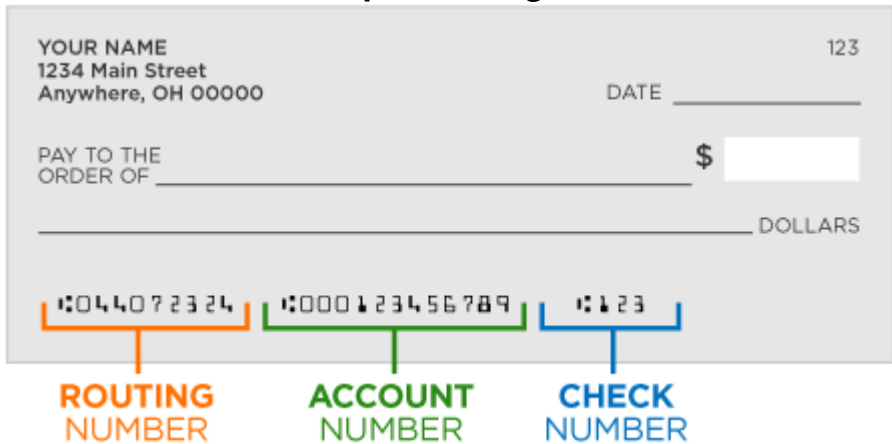
City / State / Zip Code \_\_\_\_\_

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: [JuliePrettyman@MarionCommunityFoundation.Org](mailto:JuliePrettyman@MarionCommunityFoundation.Org)**

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