



Authorization Agreement for Electronic Transfer of Funds (ACH)
Please complete the **blue highlighted** areas and send to the address below.

Organization Name: Montana Audubon **Organization ID:** Federal Tax ID #81-0412530

I hereby authorize **Montana Audubon** to initiate debit entries to my account at the financial institution named below and to credit the same to such account, if necessary. I acknowledge that the originations of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution _____

Financial Institution Routing # _____ **Account #** _____

- Checking Account**
- Savings Account**
-

Beginning Month: _____ **Ending Month:** _____

Amount of Recurring Payment: _____

(All recurring debits will occur on the 15th of the month)

This authorization is to remain in effect until Montana Audubon receives written notification from me of its change or termination in such manner as to afford Montana Audubon and the financial institution reasonable opportunity to act on that request.

Print Name: _____

Date: _____

Signature: _____

Please include a voided check or deposit slip!

Montana Audubon
PO Box 595 – Helena, MT 59601
phone: 406.443.7350
Questions? Contact Norane Freistadt, Finance Director
norane@mtaudubon.org