



Authorization Agreement for Direct Deposits (ACH Debits)

Company Name: Association of Camps Farthest Out, Inc.

Company ID: 41-0788319

I (we) hereby authorize Association of Camps Farthest Out, Inc., hereafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U. S. law. I have attached a voided check.

Depository Name: _____

City: _____ State: _____

Amount Authorized: \$ _____ (monthly)

Routing Number: _____

Account Number: _____

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 a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name on Account: _____
(Please print)

Signature: _____ Date: _____

Please return completed form with a voided check to:
ACFO Office, 3690 Merwin 10 Mile Rd., Cincinnati, OH 45245-3048

Contact Tina Bracken, Financial & Administrative Director with any questions:
(607)535-4415, tinabracken@CFONorthAmerica.org