



**RIVER BEND  
FOOD BANK**

# ACH Payment Authorization

You authorize regularly scheduled charges to your Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided and the charge will appear on your Bank Account Statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 15 days prior to the payment being collected.

I \_\_\_\_\_ authorize **River Bend Food Bank** to charge my Bank Account below for \$ \_\_\_\_\_ beginning on \_\_\_\_\_ (Date) and recurring on the **1<sup>st</sup> day** of every month.

### Billing Details

Billing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank (ACH) Information – Please select Type of Account

Checking Account

Savings Account

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **River Bend Food Bank** in writing of any changes in my account information or termination of this authorization at least **30 days** prior to the next billing date. If the above noted payment falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that River Bend Food Bank may at its discretion attempt to process the charge again within 30 days and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Government Issued ID Number and Type \_\_\_\_\_