

Debit Authorization Agreement



BON SECOURS
ST. FRANCIS HEALTH SYSTEM

Gift Designation

Please restrict this gift to support the priorities of:

- St. Francis Cancer Center Pearlie Harris Center
 Mack Pazdon Neonatal Care Center Unrestricted Fund
 Chest Pain Center

FOR PROPER PROCESSING AND RECORDING OF YOUR GIFTS, PLEASE INCLUDE THE FOLLOWING INFORMATION

Name (please print) _____ Yes, I would like to learn more about volunteer opportunities
Spouse _____
Address _____ Preferred phone _____
City _____ State _____ Zip Code _____
Company _____ Office Phone _____

ANNUAL GIVING SOCIETIES

- Saints Society \$100-\$249 Bernadine Society \$500-\$999
 Cardinal Society \$250-\$499 St. Francis Society \$1,000+

I (we) hereby authorize Bon Secours St. Francis Foundation, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

Address _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Type of Account: Checking Savings

Amount (or how amount is determined): _____

Frequency (Weekly, Monthly etc.): _____ Start Date (if recurring): _____

Date of Debit (s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has [*received written notification from me (or either of us) or describe your process for revocation of the authorization*] of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name _____ Signature _____ Date _____