



AUTHORIZATION AGREEMENT FOR DIRECT DEBITS

I hereby authorize Netzer to initiate debit entries to my checking account indicated below and the bank named below to debit the same such account. This authority is to remain in full force and effect until Netzer has received notification from me of its termination in such time and in such manner as to afford Netzer reasonable opportunity to act on it.

The debit entries should be in the amount of \$ _____

Monthly_____ Bimonthly_____ Quarterly_____ Semiannually_____

Annually_____ Start Date (month/year) _____

Bank Name _____

Bank **Routing** Number _____

Bank **Account** Number _____

Name(s) as appear on bank account (printed):

Your Address:

Phone and Email _____

Signature and Date _____

Please mail completed form and a voided check (if possible) to:
Netzer, PO Box 8, Parker Ford, PA 19457
(or email to treasurer@netzer.org)