

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

Donor Name: \_\_\_\_\_

I hereby authorize RCEF to initiate debit entries to the bank account indicated below for weekly/monthly payments. I (we) acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law and NACHA rules.

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

Routing  
Number (9 digits): \_\_\_\_\_

Amount of money: \_\_\_\_\_

Weekly, Monthly, Bimonthly \_\_\_\_\_

Day of week/month to be deducted: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

This authorization is to remain in full force and effect until RCEF has received written notification from Client of its termination in such time and in such manner as to afford to give RCEF a reasonably time to act.

Donor's  
address: \_\_\_\_\_

Donor's  
email: \_\_\_\_\_

Donor's  
Signature \_\_\_\_\_