

ACH Authorization Form

I authorize AdventSource, Inc. to initiate credit entries to my account at the financial institution listed below.

Event Name: _____

Organization Name: _____

(Street Address) (City) (State/Prov) (Zip/PC)

Please provide the bank information that corresponds with the organization to be credited above:

Name of Financial Institution: _____

Type of account (select one): Checking Savings

Routing Number: _____

Account Number: _____

Email Address: _____ (where ACH slip will be sent)

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify AdventSource, Inc. of any changes to the above information.

(Signature)

(Date)