

**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS**

I hereby authorize STRIVE 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 STRIVE has received notification from me of its termination in such time and in such manner as to afford STRIVE 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:**  
STRIVE Initiative, PO Box 1511, Pottstown, PA 19464  
(or email to [info@striveinitiative.org](mailto:info@striveinitiative.org))