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)