

Returning Veterans Project

Authorization Agreement For Direct Deposit Donations

Authorization Agreement

I (we) hereby authorize **Returning Veterans Project** to initiate credit entries to my (our) account at the financial institution named below.

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This agreement will remain in effect until **Returning Veterans Project** receives a written notice of cancellation from me (us) or my financial institution, or until I submit a new authorization agreement for direct deposit (ACH credits) to **Returning Veterans Project**.

I authorize RVP to deduct a monthly amount of \$_____ from the financial institution below.

I prefer my monthly deduction take place during the following time of the month. (Select one)

The first day of the month

The fifteenth day of the month

Please make my monthly donation effective during the month/year of _____

Please provide your email address below if you wish to receive email notification when your recurring donation agreement is activated.

Email address: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Authorization

Name (Please Print): _____ Title: _____

Authorized Signature: _____ Date: _____

Please return this form to Returning Veterans Project, 833 SE Main St. Mailbox 122, Portland, OR 97214, or fax to (971) 255-0427. For more information or to sign up over the phone, call: 503-954-2259.