



ACH Authorization Form

Please complete and sign this form if you wish to allow us to withdraw a fixed amount monthly from your checking/savings account to be placed in your fund at the Lancaster County Community Foundation.

Your Banking Account Information

Bank Name	Transit/Routing Number (Must be Nine Digits)	Account Number	(Check One)
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Lancaster County Community Foundation and/or its authorized agents to withdraw the following amount on the first of each month from my banking institution noted above. This authorization is to remain in full force and effect until Lancaster County Community Foundation has received written notification from me stating otherwise.

Amount to be withdrawn on the 1st of each month: \$_____

Name of fund at Lancaster County Community Foundation: _____

Name of Fundholder	Title
Signature	Date
Phone	Email

Sample bank account and routing number locations from personal check (do not use deposit slip):

John Smith
100 Main Street
Anytown USA 10012

102

PAY TO THE
ORDER OF _____ \$ _____
_____ DOLLARS

MEMO _____

⑆ 23456789⑆ 10023456789⑆ 102

Routing No.
9 digits

Account No.