

Please complete this form and return to: GCSF, Executive Director, 110 W. North Street, Greenfield, IN 46140 For questions please call 317.477.4103 or email vbrown@gcsc.k12.in.us

Debit Authorization for Recurring Donations to Greenfield Central School Foundation

I hereby authorize Greenfield Banking Company hereinafter called GBC to initiate debit entries to my (our) account indicated below and the financial institution below, hereinafter called FINANCIAL INSTITUTION to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Nan	ne
Branch Address	
NAME ADDRESS CITY, STATE ZIP PRY TO THE ORDER OF BANK NAME ADDRESS CITY, STATE ZIP FOR I*O 1 234, 55 781* O 1 234, 55 7890 1 231* O 1 23	Routing Number
Bank Routing Bank Account Check Number Number Number	Type of Acount Checking Savings
This authority is to remain	in in full force and effect until GBC has received written notification from me (or either of us) of its and manner as to afford GBC and FINANCIAL INSTITUTION a reasonable opportunity to act on it.
Signature	
E-mailex: myname@example.com	 m
Phone Number (
Street Address	
City / State / Province	
Postal / Zip Code / Cour	ntry
Amount to be Deducted	d \$
Yes, I want to be a GCSF	Visionary for the next 3 years for the next 5 years
Check One	
Monthly on the 1st o	of each month
Monthly on the 15th	n of each month
Annually on this dat	te