



## ACH Contribution Authorization Form

The TrailWest Foundation appreciates your planned donation to further its mission of helping those in need throughout Western Montana. In that regard, please complete the requested information below.

### 1. Indicate the Total Amount of Your Gift

Please deduct:  \$10  \$25  \$50  \$75  \$100  Other \$ \_\_\_\_\_

### 2. Tell Us The Timing of Your Gift

Monthly (deduction date:  1st  15th)  Bi-Monthly (1st & 15th)

One Time Gift to be dated: \_\_\_\_\_

### 3. Payment Account Information

Checking Account  Savings Account Account # \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

### 4. Your Signed Authorization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the TrailWest Foundation to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate or change this authorization. I certify that I have not received any goods or services in exchange for this contribution.

Signature \_\_\_\_\_

Date: \_\_\_\_\_