

ACH Payment Authorization Form

1. Select your payment frequency	1.	Select v	your pa	yment	freq	uency	v:
----------------------------------	----	----------	---------	-------	------	-------	----

☐ Recurring Payment: Authorize regu	Recurring Payment: Authorize regularly scheduled debits from your checking account.					
l,	, authorize the Wake Tech					
print full name Foundation to debit the bank accou	I,, authorize the Wake Tech print full name Foundation to debit the bank account below for \$ amount					
on the \Box 5 th or the \Box 25 th of each	on the \square 5 th or the \square 25 th of each month for payment of my donation. This will remain					
in effect until I notify the Wake Tec	in effect until I notify the Wake Tech Foundation in writing to cancel in enough time to					
reasonably act on it.						
	-OR -					
☐ One-Time Charge: Authorize a one	One-Time Charge: Authorize a one-time only debit from your checking account.					
l,	, authorize the Wake Tech					
Foundation to debit the bank accou	Foundation to debit the bank account below for \$ on on					
. This is a single	. This is a single transaction, and does not provide authorization for					
	additional debits. This is for payment of my donation.					
2. Enter your details:						
Dilling Address.						
Billing Address:						
	State: Zip:					
Phone #:	Email:					
3. Enter your account details:						
Financial Institution Routing Number:						
Checking/Saving Account Number:						
These numbers are located on the bottom of your check:	NAME 0123 ADDRESS CITY, STATE ZIP 01-2345/6789					
	DATE PAY TO THE OPPOSE OF					
	ORDER OF S DOLLARS					
	BANK NAME ADDRESS CITY, STATE ZIP					
	FOR					
	Bank Routing Bank Account Check					
	Number Number Number					