

**Authorization for Automatic Bank Draft (ACH Debit)**

**A. Type of Action**     New Authorization         Change Existing Banking Information

**B. Individual Information**

Name on Account \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**C. Financial Institution Information:**

Institution Name \_\_\_\_\_

Account Number \_\_\_\_\_

Nine-Digit Routing Number \_\_\_\_\_

*Your financial institution routing number can be found on your check. It is the first nine digits on the lower left of your check followed by your institution account number and check number.*

Type of Account     Checking     Savings

**D. Giving Information (\$10/month minimum for a minimum of 12 months):**

Equal recurring monthly donations of \$ \_\_\_\_\_ beginning (month/year) \_\_\_\_\_

I understand that all ACH drafts are deducted the 25<sup>th</sup> of each month and shall remain in effect until I notify Central Piedmont Community College Foundation of its termination. \_\_\_\_\_ (initial)

Designation(s): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Designation(s): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Designation(s): \_\_\_\_\_ Amount \$ \_\_\_\_\_

I/We authorize Central Piedmont Community College Foundation to initiate debit entries to my/our checking/savings account indicated at the financial institution named above, and 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 the U.S. law.

I/we agree to contact Katie Jones, Assistant Vice President, Foundation Finance, Central Piedmont Community College Foundation, PO Box 35009, Charlotte, NC, 28235, if the fund in the selected bank account are or will at any time be sourced from financial agencies outside the territorial jurisdiction of the U.S. and provide additional information as requested.

Central Piedmont Community College Foundation requires written notification from me/us to change the terms of this agreement.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

## Terms and Conditions

To enroll in the ACH payment process, you must have a valid checking or savings account at a financial institution that participates in ACH. Most banks and credit unions participate in ACH.

In order to successfully carry out Central Piedmont Community College Foundation's fiscal responsibility, the individual(s) agrees:

- To the provisions of this ACH agreement
- To provide accurate enrollment information
- That any revised authorization will replace any previous authorization
- That the authorization shall remain valid until it is terminated or revoked in writing or by the closing of the recipient's account at the receiving financial institution

Submission of the Authorization Agreement for Direct Donations authorizes Central Piedmont Community College Foundation to electronically deposit payments through the ACH to the financial institution listed on the previous page under the Financial Institution Information section.

Your authorization shall remain in effect until advanced written notice of termination is produced to Central Piedmont Community College Foundation. Such notice should afford Central Piedmont Community College Foundation and the financial institution named on the previous page reasonable opportunity to act on it. It is your responsibility to provide an updated Authorization Agreement for Direct Donations to Central Piedmont Community College Foundation updating any changes to your financial institution, routing and account number(s).

Notice to Central Piedmont Community College Foundation should be addressed to:

Central Piedmont Community College Foundation  
Attn: Katie Jones  
P. O. Box 35009  
Charlotte, NC 28235

Should you have questions, please contact the Foundation at 704.330.6869 or [Foundation@cpcc.edu](mailto:Foundation@cpcc.edu).