

Genesee

Foundation

24425 W. Currant Dr., Golden, Colorado 80401, (303) 526-0284, FAX (303) 526-0287

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

**Boxed Area for Office Use Only*

COMPANY NAME: Genesee Foundation COMPANY ID #: _____

I (we) hereby authorize GENESEEE FOUNDATION, hereafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries to my (our) Checking account indicated below at the depository named below, hereafter called DEPOSITORY, to debit and/or credit the same to such account. COMPANY is authorized to increase/decrease debit entries to directly reflect the annual assessment level, as approved by the Genesee Foundation Board of Directors.

DEPOSITORY

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____ ACCOUNT NO. _____
(1st Series of numbers {9 digits} on bottom left of check) (2nd Series of numbers {variable # of digits})

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____ & _____
(Please Print)

ID NUMBER: _____ & _____
(Social Security # or Valid Driver's License)

DATE: _____

SIGNATURE: _____ & _____

*****BE SURE TO INCLUDE A VOIDED CHECK WITH YOUR COMPLETED FORM AND RETURN BOTH TO THE GENESSEE FOUNDATION, 24425 W. CURRANT DR., GOLDEN, CO 80401**

*****RESIDENTS WISHING TO IMPLEMENT THE AUTOMATIC WITHDRAWAL FOR THE JANUARY 1st. ASSESSMENTS MUST RETURN FORM BY NOVEMBER 20.**

*****CREDIT UNIONS TYPICALLY REQUIRE THE USE OF THEIR FORM ONLY. PLEASE CONTACT YOUR CREDIT UNION FOR THEIR PROCEDURES.**

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- *ASSESSMENTS ARE BILLED QUARTERLY AND FUNDS WILL BE DEDUCTED ON THE FIRST BUSINESS DAY OF EVERY JANUARY, APRIL, JULY AND OCTOBER.*
 - *ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.*