



Nord Country School
Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Nord Country School, to debit entries to my (our) account indicated below, by Northern California National Bank, as the Originator of said debit(s). I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution)	(Branch)	
(Address)	(City-State)	(Zip)
(Routing/Transit Number)	(Account Number)	___ Checking ___ Savings (Account Type)

Donations will occur on the 15th of each month unless otherwise arranged. An annual thank you letter with the total contribution for the year will be sent in January for tax deduction purposes.

_____ I would like to donate \$_____ on a monthly basis to support Nord Country School.

This authority is to remain in full force and effect until Nord Country School has received written notification from me (or either of us) of its termination in such time and manner as to afford Nord Country School and Northern California National Bank a reasonable opportunity to act on it.

Return completed form to: **Nord Country School, 5554 California Street, Chico, CA 95973**

(Print Individual Name)	(Email address)
(Address, City, State, Zip)	(Telephone number)
(Signature)	(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM