



Authorization Agreement for Automatic Debits

I (we) hereby authorize WTCL to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) _____checking, _____savings account (select one) indicated below and the depository named below, to debit and/or credit the same to such account in the amount of:

\$ _____
Monthly

Donor Name(s) _____
Donor Address _____
Donor e-mail _____
Donor Phone # _____

Please provide a phone or e-mail address in case WTCL needs to contact you about your sustaining contribution.

Bank name _____
Routing number _____
Account number _____

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

Date: _____ Signed: _____