



AUTHORIZATION FOR DIRECT PAYMENT

I authorize McKenzie River Trust to initiate electronic debit entries to my

Checking account **or** **Savings account**

for payment of my donation.

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date

Financial Institution (Please Print)

Account Number at Financial Institution

Financial Institution Routing/Transit Number

Financial Institution City and State

Frequency of Withdrawal 2nd Friday of the month Other

Signature

WE WILL SEND YOU A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Protecting Special Lands

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Staple Voided Check Here