

**ACH DEBIT
PROCESSING AUTHORIZATION**

Last Name

First Name

Initial

Email address

Title

Organization Name

Bank Name and Address

Bank Routing Number

Bank Account Number

AUTHORIZATION FOR ACH PROCESSING

I hereby authorize First Nonprofit Companies to withdraw funds for the BSC fee from the above named account on _____ (Monthly or Quarterly) period per the contract agreement

CANCELLATION OF AUTHORIZATION FOR ACH PROCESSING

I hereby cancel the Authorization for previously submitted.

Authorized Signature

Date

Please return this form to Pam Dejkhrut by email to pdejkhrut@firstnonprofit.com