

# Direct Debit Authorization Form

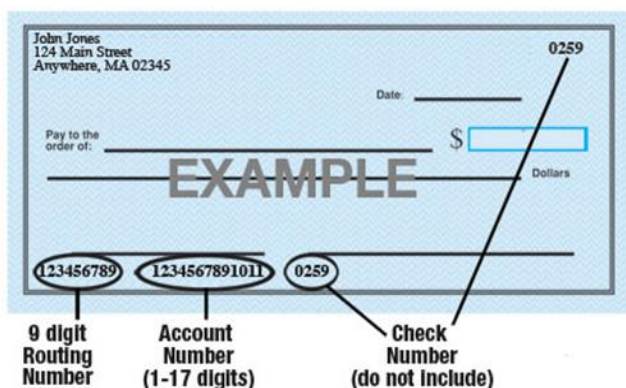
Please print and complete ALL the information below

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-digit Routing #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Type of Account (check one): ☐ Checking ☐ Savings

***\*\*Please Attached a voided check for the bank account to which funds should be debited\*\****

Date of First Debit: \_\_\_\_\_ ☐ First of the Month ☐ Last Day of the Month

Frequency: ☐ Monthly ☐ One-Time ☐ Other: \_\_\_\_\_. End of Auto Payment: \_\_\_\_\_

Newmeadow, Inc. is hereby authorized to directly debit my account listed above for services provided. This includes initiating electronic debit entries, and if necessary, credit entries and adjustments for errors to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail or send form and voided check to **Cindy Boisclair, Director of Operations:**

E-mail: [cboisclair@newmeadow.org](mailto:cboisclair@newmeadow.org) or mail to 23 Sitterly Road, Clifton Park, NY 12065