



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Raleigh Little Theatre to initiate debit entries to my/our (select one):

- Checking Account
- Savings Account

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Please debit my (our) account \$_____ on the (select one):

- First day of the month
- 15th day of the month
- Last day of the month

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

Name(s) _____
(Please Print)

Date _____ Signature _____