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# ACH Authorization Form

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## ***CREDIT/DEBIT AUTHORIZATION FORM***

I/We hereby authorize The National Society of The Colonial Dames of America in the Commonwealth of Pennsylvania to initiate entries to my/our checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the NSCDA/PA is notified by me/us in writing to cancel it in such time as to afford the NSCDA/PA and all involved financial institutions a reasonable opportunity to act on it. Please contact Headquarters at (215) 735-6737 with any questions or concerns.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

Amount: \_\_\_\_\_ Frequency of gift (circle one): monthly quarterly

Maximum Amount (optional): \_\_\_\_\_ End date (optional): \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ  
Routing Number Account Number

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