



Direct Payment Plan Authorization Form

1. Mark the box before "type of account" to indicate whether payment will be deducted from a checking or savings account.
2. Fill in the chapter name, the current date, and other requested information.
3. Attach a voided check for verification of all financial institution information.
4. The form **MUST BE** signed to be valid. Keep a copy for your records.

AUTHORIZATION FOR DIRECT PAYMENT (Please Print)

I/We authorize **The Illinois Jaycees** to initiate electronic debit entries to our checking account or savings account for payment of membership dues and/or other related program fees incurred by the _____ Jaycees. I/we understand electronic notification will be received verifying any amount to be charged. Further, I/we understand a five dollar (\$5.00) processing fee will be assessed per transaction. I/We acknowledge that the origination of Automated Clearing House (ACH) transactions to our account must comply with the provisions of U.S. law. This authority will remain in effect for charges incurred for the current calendar year. Authorization may be rescinded by written request of termination within such time/manner to afford a reasonable opportunity to act on it.

Date _____

Financial Institution Name _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Electronic Notification to _____

I/We, the below signers, certify the I/We am/are a signatory of the above chapter account and that any one (1) or two (2) is/are needed to authorize approval of payment in the above manner.

Signature _____

Signature _____

Print Name _____

Print Name _____

Title _____

Title _____

Staple Voided Check Here