



The 74 Club

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DIRECT DEBIT

I hereby authorize RONALD McDONALD HOUSE CHARITIES OF THE OHIO VALLEY, INC., hereinafter called COMPANY, to initiate Direct Debit entries and necessary credit entries for adjustments to correct errors to my (select one) **CHECKING** or **SAVINGS ACCOUNT** indicated below at the depository named below, hereinafter called DEPOSITORY, in the amount of \$74 per month on the 15th of every month.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

(PLEASE PRINT)

DATE _____

SIGNED _____

**Please return this completed form with a voided check
to RMHC – 3540 Washington Ave, Evansville IN 47714**

Questions? Contact Kathy Scheller, Executive Director, at kathy.scheller@rmhevansville.org,
or call 812-402-RMHC (7642).

PLEASE ATTACH YOUR VOIDED CHECK HERE