

Sunnyside Swap Shop Co-op

Automatic Withdrawal Application for The Roost

Last Name _____ First Name _____ M.I. _____

Address _____ Phone _____

City _____ State _____ Zip _____

Bank _____ Branch _____

City _____ State _____ Zip _____

Attach Void Check Here

(Do not send Deposit Slips)

Amount of authorized monthly debit (withdrawal): \$ _____

Withdrawal will be made on or just after the 1st of the month being paid for (i.e. a withdrawal on September 1st for September member fees.)

I (we) hereby authorize the Charitable Partnership Fund (CPF) to initiate debit entries to my (our) account described on this form, at the Bank identified on this form, and to debit the same to such account. SUCH DEBITS ARE TO BE MADE FOR THE BENEFIT OF THE SUNNYSIDE SWAP SHOP CO-OP, hereinafter called RECIPIENT, to be paid to RECIPIENT in the manner and times as agreed from time to time between CPF and RECIPIENT.

This authority will remain in effect until I (we) notify the appropriate parties of changes in such time as to allow the Bank a reasonable time to act on the notification. Requests for termination in this program, or for reductions in contribution amounts, should be made to RECIPIENT who will forward to CPF. **Requests for increases in contribution amounts, or any notice of changes to account information, must be submitted in writing, accompanied by date and signature(s), to RECIPIENT who will forward to CPF.** I (we) understand that while I (we) submit requests for changes regarding my (our) participation in this program to RECIPIENT, final responsibility for notifying CPF of any changes lies with me (us), the donor(s).

I (we) can stop payment of an entry by notifying my (our) financial institution three (3) days before my account is charged.

I (we) understand that if RECIPIENT is not qualified as a public charity, or otherwise does not satisfy distribution policies set forth by CPF, I (we) may identify another organization to serve as RECIPIENT. I (we) further understand that CPF has final authority over the entity that may serve as RECIPIENT, as set forth in CPF's policies.

Signature _____ Date _____