

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

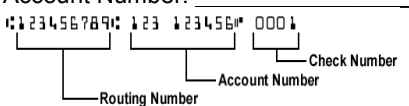
Akron-Canton Regional Foodbank

ES7927

Last Name	First Name	
Address		
City	State	Zip

Date of first donation: _____/_____/_____	Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly on the 1 st	Donation amount: \$ _____
Special Instructions: _____		

Please staple voided check to this form if using checking account.

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
	I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____

- Please do not send me acknowledgments for individual contributions. I would like one detailed, yearly receipt.
- Yes, I would like to receive e-Newsletters _____ @ _____

Mail completed form and a voided check to:

**Akron-Canton Regional Foodbank
 Attn: Development
 350 Opportunity Parkway
 Akron, Ohio 44307**

Thank You!