CIVITAN FOUNDATION

CAMP CIVITAN
Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

Authorization for Direct Deposits

This authorizes Civitan Foundation, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Deposit (amount or %) _____
ACCOUNT TYPE (e.g. Checking or Savings) _____
EMPLOYEE BANK NAME _____
BRANCH _____
CITY, STATE _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA #) _____

Account #2

Deposit (amount or %) _____
ACCOUNT TYPE (e.g. Checking or Savings) _____
EMPLOYEE BANK NAME _____
BRANCH _____
CITY, STATE _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA #) _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____

Date: _____

3509 E. Shea Boulevard • Suite 117 • Phoenix, AZ 85028
Phone: (602) 953-2944 • Fax: (602) 953-2946 • www.campcivitan.org