



AUTHORIZATION for DRAFT (ACH DEBIT)

I (we) hereby authorize Breast Cancer Eradication Initiative Inc Pink Ribbon Open to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Pinnacle Financial Partners. I (we) acknowledge that I (we) am an authorized signer or have authority to act on the account and that ACH transactions I (we) authorize to my (our) account must comply with all applicable law.

Account Name(s)

Financial Institution

Branch

Routing Number

Account Number

Type of Account: ☐ Checking or ☐ Savings; ☐ Business or ☐ Personal

Amount (or how amount is determined): _____

Frequency (Weekly, monthly etc.): _____ Start Date (if recurring): _____

Date of Debit (s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until BREAST CANCER ERADICATION INITIATIVE INC PINK RIBBON OPEN has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Authorized Signer's Name

Signature of Authorized Signer

Date

Note: If you have chosen to have your ACH Debit drafted from your checking account, please attach a voided check.