

LEE'S SUMMIT SYMPHONY ORCHESTRA
AUTHORIZATION FOR AUTOMATIC DEBIT OF DEPOSITORY ACCOUNT
FOR FRIENDS, BUSINESS FRIENDS, SPONSORS OR DONORS
FOR THE LEE'S SUMMIT SYMPHONY ORCHESTRA, A MISSOURI 501 C3 NOT FOR PROFIT CORPORATION

DATE: _____

NAME(S) OF PATRON(S): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

NAME OF FINANCIAL INSTITUTION TO BE AUTOMATICALLY DEBITED: _____

ADDRESS OF INSTITUTION: _____

ACCOUNT NUMBER OF ACCOUNT TO BE DEBITED; _____

ABA TRANSIT AND ROUTING NUMBER; _____

AMOUNT TO BE AUTOMATICALLY DEBITED EACH MONTH: :\$ _____
(Minimum of \$15.00 per month Required)

NOTE: ALL AUTO DEBITS WILL BE SET TO BE TAKEN OUT OF THE ACCOUNT ON THE FIRST BUSINESS DAY OF EACH MONTH. AUTO DEBITS WILL BE SET FOR ONE YEAR AT A TIME. RENEWALS WILL BE SET UP NEW EACH YEAR. QUESTIONS RELATING TO THIS PROCESS ARE TO BE DIRECTED TO KIM CARLSON AT 816.536.4144.

AGREEMENT TO EXECUTE AUTHORIZATION OF AUTO DEBIT OF ACCOUNT:

I/WE HEREBY AUTHORIZE THE LEE'S SUMMIT SYMPHONY TO AUTOMATICALLY DEBIT OUR ACCOUNT NUMBER - _____ ON THE FIRST BUSINESS DAY OF EACH MONTH IN THE AMOUNT OF \$ _____. PLEASE ATTACH A "VOID" CHECK TO THE AUTHORIZATION.

SIGNATURES OF ACCOUNT OWNER(S):

NAME

DATE

NAME

DATE

NAME ADDRESS CITY, STATE ZIP		0123 01-23456789
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆012345678⑆	01234567890123⑆	0123
Bank Routing Number	Bank Account Number	Check Number