



410.578.1919  
5707 Smith Ave.  
Baltimore, MD 21209  
[baltimoreclayworks.org](http://baltimoreclayworks.org)

## Direct Donation Authorization Form:

We are pleased to offer you a new service: the Direct Donation Plan. Now you can have your donation deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

### The Direct Donation Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps you support Clayworks in a convenient and timely manner – even if you're on vacation or out of town.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

### Here's how the Direct Donation Plan works:

You authorize regularly scheduled donations to be made from your checking or savings account. Then just sit back and relax.

Your donations will be made automatically on the specified day and proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Donation Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

### All you need to do is:

1. Indicate whether your donation will be deducted from your checking or savings account by marking the box to the left of the account type.
2. Fill in your name, financial institution name and location, and today's date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, or if you prefer to use your savings account, please fill in your bank account number and routing number.

## PLEASE FILL OUT THE FORM BELOW.

I authorize **Baltimore Clayworks** to initiate electronic debit entries to my:

Checking Account       Savings Account

In the amount of: \$ \_\_\_\_\_

Debits shall be made monthly on the \_\_\_\_\_ day of each month, or annually on \_\_\_\_\_ (date.)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

DATE \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_