



Direct Debit Authorization Form

By completing and signing this form, I hereby authorize PROP – People Reaching Out To Other People, to initiate debit entries on the 22st of each month as indicated and named below to my account at the depository financial institution, hereinafter named FINANCIAL INSTITUTION, and to debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of the U.S. and State Law. **I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidence by my signature below.**

DONOR INFORMATION:

Name: _____

Street Address: _____

City, State, Zip: _____

Day Telephone #: _____

Email Address: _____

FINANCIAL INSTITUTION (BANK) INFORMATION:

Financial Institution: _____

Transit/ABA Number: _____

Account Number: _____

Account Type (circle one): Checking Savings

Monthly Donation (check one): \$200 \$100 \$50 \$25 \$15 \$10 Other \$ _____

Please return this form to:

**PROP Food
Attn: Accounting
14700 Martin Drive
Eden Prairie, MN 55344
Fax: 952-975-0662**

This authorization shall remain in force and effect until PROP – People Reaching Out To Other People receives written notification from me of termination with at least ten days of anticipation of the next transaction, to afford PROP and the FINANCIAL INSTITUTION a reasonable opportunity to act and make necessary adjustments. I understand that PROP – People Reaching Out To Other People reserves the right to terminate this payment method and my participation in this service.

Signature: _____

Date: _____