



Direct Credit Authorization Form

Action to be taken (check box): [] Start Direct Credit [] Stop Direct Credit [] Change Account Number

NAME

ADDRESS

TELEPHONE NUMBER

Financial Institution Information (Attach a voided check or cancelled check for verification)

Type of Account (check one): [] Checking [] Savings

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

Grid for transit routing number

Grid for account number

FINANCIAL INSTITUTION NAME

CITY

STATE

TELEPHONE NUMBER

AUTHORIZATION

Unless otherwise indicated above, I hereby authorize and request The National Association of Conservation Districts, hereinafter referred to as NACD, to direct transactions to my account indicated at the Financial Institution designated and I further authorize the Financial Institution, if necessary, to initiate electronic debit entries or adjustments for any credit entries processed in error.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow NACD a reasonable opportunity to act upon it.

I agree to notify NACD if I wish to change the designated Financial Institution or account to which the transaction occurs in such time and in such manner as to allow NACD a reasonable opportunity to act upon it prior to the effective date of such change.

SIGNATURE

PRINT NAME

DATE