

BankLine - Direct

* 800-636-6600 * 541-746-2433 * FAX 888-636-6370

AUTOMATIC DEBIT AUTHORIZATION FORM

_____	<u>1223</u>
Contributor's First and Last Name	Organization's BANK LINE Number
_____	_____
Bank Name	Bank Branch (if applicable) <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
_____	_____
Bank City, State	Guarantor Bank Account Number
_____	_____
Draft Day: (circle one) 5th or 20th	(when draft day falls on a weekend or holiday, draft day will be the next regular business day)
Start Month (mm/yy): _____	Amount of Monthly Contribution: _____
Total Number of Payments: _____	Total Amount to be Collected: _____
Amount of Payment #1: \$ _____	
Amount of Payment # 2 Through Payment #: _____ \$ _____	
Amount of Each Remaining or Last Payment(s): \$ _____	

I hereby authorize **BankLineDirect** acting on behalf of **Featherock Conference Center, Inc.** to initiate debit entries to my bank account in the amounts and for the period indicated above. I understand there will be a \$ 7.00 fee charged to my account for any Returned Funds (i.e. NSF) transactions. This authorization is to remain in effect until the specified End Month or until **BankLineDirect** has received written notification from me in such time and in such manner to afford **BankLineDirect** reasonable opportunity to terminate this authorization.

Signed: _____ Date: _____

** The fee of \$1.50 per transaction is being paid for by Featherock Conference Center, Inc. as a service to our valued patrons.

ATTACH VOIDED CHECK HERE