

PHI KAPPA PHI

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS (ACH CREDITS)

Chapter #: _____

Institution: _____

EIN (Employee Identification Number): _____

I (we) hereby authorize Phi Kappa Phi National Headquarters, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

TRANSIT/ABA NO.: _____

ACCOUNT NO.: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Chapter President (*please print*): _____

Chapter Treasurer (*please print*): _____

Date _____

Signed _____
President

Signed _____
Treasurer