



ACH Authorization Form

CREDIT AUTHORIZATION FORM

I hereby authorize the Olympians & Paralympians Relief Fund (OPRF) to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the OPRF is notified by me in writing to cancel it in such time as to afford the OPRF and the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 1 23456789 Ⓜ 1 234567890123 Ⓜ
Routing Number Account Number