



Sparrow Clubs USA

Automatic Deposit Form

Authorization Agreement for Direct Payments
(ACH Debits)

DONOR'S NAME _____

MONTHLY PLEDGE/ DONATION AMOUNT \$ _____

I (we) hereby authorize Sparrow Clubs USA, hereinafter called COMPANY to initiate debit entries to my (our)

Checking Account

Savings Account

(select one)

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

BANK ACCOUNT NAME _____

ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

This authorization 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 to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

(Please print)

SIGNATURE(S) _____

DATE: _____

Please return a voided check (for checking account) or a deposit slip (for savings account) with this form to ensure accurate processing. Send to:

**Sparrow Clubs USA
906 NE Greenwood, Ste 2,
Bend, OR 97701**

***Receipts for tax purposes will be sent at each calendar year end.
Tax ID# 91-1672700***