**Authorization Agreement for Automatic Debits and Credits** CCS Connect Community Services 501(c)3 Tax ID Number 46-5699270

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (print): | | | | |
| Address: | City: | | State: | Zip: |
| Company Name: | | | | |
| Phone Number: | | Email Address: | | |
|  | |  | | |
| Signature: | | | | |

I want to donate:  $2000  $1000  $500

$200  $150  $100

$50  $20  $10

Other: $

Monthly on this date of the month:

Annually on this date of the year:

One time donation: $

I (we) hereby authorize CCS Connect Community Services to initiate debit entries to my (our) Checking account indicated below and the depository Happy State Bank, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until CCS Connect Community Services has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CCS Connect Community Services and Happy State Bank a reasonable time to act on it.

Provide bank Information OR attach voided check and submit to: **CCS Connect Community Services**

**405 W Broadway**

**Fritch, TX 79036**

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(CHECK ONE)  Checking  Savings

Bank Name

Bank Routing Number

Account NO.

Bank Address

City      State      Zip