

Authorization for ACH Withdrawal

Non-Profit Name: _____

Scrip Pro Account Number: _____

Bank Name	Bank Phone	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City, State	Bank ABA Routing #	Bank Account #

I (we) hereby authorize Scrip Pro, LLC to initiate debit entries to my (our) checking account indicated above at the depository named above, to debit same such account.

This authorization is to remain in full force and effect until Scrip Pro, LLC has received written notification from me.

Name of authorizing person: _____ Title: _____

Signature: _____ Date: _____

Attach voided or canceled check from your new account here:

Fax this completed form to:
Scrip Pro
866-479-6801 (FAX)