



*Donella Meadows
Institute*

Authorization Agreement for Direct Payment Donations to the Donella Meadows Institute

To set up your donation directly through your saving or checking account, please complete this form, sign and send both pages to:

Donella Meadows Institute, PO Box 1012, Norwich, Vermont 05055

Donor Information:

Name(s) _____

Street (or PO Box) _____

City: _____ State/Province _____ Postal Code _____

Country: _____ Telephone _____ Email Address: _____

Yes I would like to subscribe to the Donella Meadows Institute Newsletter

Purpose of this application:

Set up direct payment Stop debiting my account Change Banking Info

Please check a donation amount:

\$5.00 \$10.00 \$25.00 \$50.00 \$100.00 \$200.00

Other donation amount \$ _____

Please check a donation frequency: Once Monthly Quarterly Annually

Please check the program you'd like to support:

- Donella Meadows Film Project
 Sustainable Economies
 Systems Thinking Curriculum and Education
 Unrestricted (funds will go towards the greatest need of the Institute)

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Donella Meadows Institute

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AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize _____ Donella Meadows Institute, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___Checking___ Savings

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

*How to find your Bank Routing Number: <http://www.routingnumbers.org/>