

Authorization Agreement for Electronic Payment / Automatic Deposit

I hereby authorize SourcePoint to initiate credit entries and, when necessary, to initiate adjustments for any corrections due to my bank account listed below:

Reason for Request

Type of Account

New Authorization

Checking

Revision to Current Authorization

Savings

Payee Name _____
(Volunteer Name)

Bank Name _____

City _____ State _____ Zip _____

Bank Telephone Number _____

ABA/Routing # _____

Account # _____

It is your responsibility to notify SourcePoint if you have any changes to your bank account.

Name: _____ Date: _____

Please Print

Signature: _____

Email: _____

Note: Please provide a voided check with this form.

Return completed form to:

SourcePoint
Volunteer Department
800 Cheshire Road, Suite A
Delaware OH 43015