



Linda & Gene Farley Center for Peace, Justice and Sustainability
ACH Monthly Withdrawal Authorization Form

Name:

Address:

Phone Number:

Email Address:

I authorize Linda & Gene Farley Center for Peace, Justice and Sustainability to withdraw \$ _____
monthly from my account listed below:

Signed _____ Date _____

Account Information:

Type of account: Checking Savings

Routing/Transit Number _____

Account Number _____

Or, for checking account, attach a voided check in the space below.

Withdrawals will be initiated on the 15th of the month. If the 15th of the month falls on a weekend or holiday, funds will be withdrawn the next business day.

Return this form to the Farley Center: 2299 Spring Rose Rd, Verona WI 53593