

**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)**

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

I (we) authorize Wood County Fair Foundation to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits¹) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [for specify range of acceptable dollar amounts authorized]: _____.

Date(s) and/or frequency of debit(s): Select one option 3rd or the 15th of the month (please circle one).

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY [***insert manner of revocation, i.e., in writing, by phone, location address, etc.***] that I (we) wish to revoke this authorization. I (we) understand that Wood County Fair Foundation requires at least [**Two weeks**] prior notice in order to cancel this authorization.²

Name(s) _____
(Please Print)

Date _____ Signature(s) _____

¹The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

²Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notifications should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").