

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize SMILES, hereinafter called COMPANY, to debit entries to my (our) account indicated below. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____
(Branch)

(Address) (City-State) (Zip)

(Routing/Transit Number) _____ (Account Number) Type of Acct: ___Checking ___Savings
X (Check One)

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 a reasonable opportunity to act on it.

(Print individual name) _____
(Print individual name)

(Signature) (Date) _____
(Signature) (Date)

Please use my/our monthly tax-deductible contribution for:

- \$ _____ General Operating and Equipment Fund
- \$ _____ Scholarship Fund for those who show financial need
- \$ _____ Facility Development
- \$ _____ Endowment Fund

MEMORIALS: My donation is in Memory of _____

(name and address)

IN APPRECIATION OF: My donation is in Appreciation of: _____

(name and address)

**Thank you for your donation. Please complete all lines above, attach a voided check to this form, if you are deducting from your checking account or, attach a blank deposit slip to this form, if deduction will come from your savings account. Then send form to:
SMILES, N2666 County Road K, Darien, WI or FAX to 262-882-5661**