

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS  
ACH Memberships**

Company Name: Terry Carpenter Intergenerational Center

Company I.D.: 36-40491000

I (we) authorize the above company to initiate debit entries to my (our) checking/saving account indicated below and the name below to post the same to such account.

Originating Bank: Western States Bank  
Gering, Ne 69341

Branch: Authorized for process by  
the office receiving

Customer Information:

Bank Information:

Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

**Amount to Draft: \_\_\_\_\_**

**ACH withdraws on the 28<sup>th</sup> of each month.**

**ACH for:      Fitness**

**Tumbling**

**Youth Programming**

**DISCLOSURE**

This authority is to remain in full force and effect until the company has received written notification from me (or either of us), 30 days prior to termination and in such manner as to allow the company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of termination.

I (we) further authorize the company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the bank to accept and to credit or debit the amount of such entries to my (our) account. I (we) shall within fifteen calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I (we) have the right to stop payment of any entry by notification to bank prior to posting to the account.

I understand hereby agrees that all entries initiated here under are to be governed in all respects by the Rules of the Mid-America Payment Exchange as not or hereafter in effect and agrees to be bound thereby.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Please Staple Voided Check Here)