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ACH Payment Authorization Form

Sign and complete this form to authorize **Community Pantry (aka: Valley Community Pantry & VCP Cares)** to make a one-time or a reoccurring monthly debit to your checking or savings account.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction or a reoccurring monthly (whichever is checked below) and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, authorize **Community Pantry** to charge my bank account indicated _____
(full name)

below for \$ _____ on or after _____.
(amount) (date)

Single Transaction Only _____ **Continued Monthly Donation** _____
(Please Check One)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

SIGNATURE _____ DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-sufficient Funds (NSF) I understand that **Community Pantry** may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$ 20.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute **Community Pantry's** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.