

**MARSHALL COUNTY REPUBLICAN PARTY
AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAW**

Contributor Name(s): _____

I (we) agree to make the following donation to the Marshall County Republican Party

Donation: \$ _____ each month quarter or year

I (we) further hereby authorize the Marshall County Republican Party, hereinafter called the "Party", to initiate debit entries from my (our): (select one)

- Checking Account or
- Savings Account

indicated below, at the depository Financial Institution named below, and to debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law. The monthly authorized withdraw will occur on the 20th of each month beginning the first month in which this was executed. The quarterly withdraw will begin on the 20th of the month that this form was executed and on the 20th of the each third successive month. The annual withdraw will begin on the 20th of the month that this form was executed and will occur on the anniversary of such date in each successive year going forward.

Financial Institution _____ Branch _____
City _____ State _____ Zip _____
Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until the Party has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford Party and Financial Institution a reasonable opportunity to act on it.

Name (s) _____
(Please Print)

Date _____ Signature _____

Date _____ Signature _____