

**ACH AUTHORIZATION FORM  
MISSOULA FENCING ASSOCIATION**

If you are interested in having your monthly dues paid via ACH directly from your checking or savings account, please complete this form and attach a voided check.

Transfers will occur on the first of every month unless you notify us otherwise prior to that date. We appreciate at least one week notice if you intend not to renew membership for a given month.

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**I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary debit entries and adjustments for any credit entries in error to my:**

**Checking Account**

**Savings Account**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Financial Institution**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Name on Account**

\_\_\_\_\_  
**Account Number at Financial Institution**

\_\_\_\_\_  
**ACH Transit Routing Number (ABA)**

\_\_\_\_\_  
**Account is a checking or savings account**

\_\_\_\_\_  
**Name (Print)**

\_\_\_\_\_  
**Signature**