Jewish Community Foundation San Diego
4950 Murphy Canyon Road
San Diego, CA 92123
(858) 279-2740 tel
(858) 279-0105 fax
www.jcfsandiego.org

Direct Payment Plan Authorization Form

_____

1. Mark the line before type of account to indicate whether your payment will be deducted from your checking or savings account.

2. Fill in your name, financial institution name and location and date.

3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Jewish Community Foundation of San Diego to initiate electronic debit entries to my: ___ checking account or ___ savings account for payment of my contribution on a ___ monthly, ___ quarterly, or ___ an annual basis. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Staple Voided Check Here