

COMMONWEALTH ★ ★ ★ POLICY CENTER ★ ★ ★

P.O. Box 5 ▪ Herndon, KY 42236 ▪ (270) 271-2713

ACH Authorization Form

I, _____, authorize the Commonwealth Policy Center to
(please print)
electronically debit my account in accordance with the following instructions. This authority will remain in effect until I give notification to terminate this authorization.

Name on the Bank Account (please print)

Name and Address of the Bank (please print)

Select **one** at the depository financial institution named above.

Checking Account

Savings Account

Business Account

Routing Number _____

Account Number _____



Process entry monthly in the amount of: \$10 \$25 \$50 \$100 Other \$ _____

Name _____ (please print)

Address _____

City/State/Zip _____

Email Address _____ Contact Number _____

I understand that this authorization will remain in full force and effect until I notify the Commonwealth Policy Center in writing that I wish to revoke this authorization. I understand that the Commonwealth Policy Center requires at least ten days prior notice in order to cancel this authorization.

Signature(s) _____ Date _____

Mail the completed form to: Commonwealth Policy Center, P.O. Box 5, Herndon, KY 42236, or scan and email to: commonwealthpolicy@gmail.com