

# NEZ PERCE COUNTY DEMOCRATIC CENTRAL COMMITTEE

Nathan Weeks, Treasurer  
35222 Ruckman Rd  
Reubens ID 83548  
(208) 924-6442

## DIRECT PAYMENT AUTHORIZATION FORM

I hereby authorize the Nez Perce County Democratic Central Committee ("the Organization") to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly pledge to the Organization. This authorization will remain valid until either I, the Organization, or my financial institution revoke it.

I can suspend payment of a monthly pledge by notifying the Organization at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Organization or my financial institution with respect to each other. I further understand that the Organization and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying the Organization.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Amount of Monthly Pledge ( ) \$5 ( ) \$10 ( ) \$20 ( ) \$25 ( ) Other \$ \_\_\_\_\_

Date each month to deduct from account \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Authorized Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature  
(ONLY IF ACCOUNT REQUIRES TWO SIGNATURES)

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR EACH ACCOUNT TO BE CREDITED.**

**Please retain a copy of this authorization for your records.**