



3618 Fifth Avenue, Suite 1, Altoona, PA 16602
814.201.2080 | www.icfoundation.us

DIRECT DEPOSIT VIA ACH (ACH CREDIT)

Check all that apply: Begin Deposit (Payment) Change Information

I have provided information for my accounts below.

I (we) hereby authorized the Independent Catholic Foundation (“Company”) to electronically credit my (our) account (and), if necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorized comply with all applicable law.

Account

Checking Account / Savings Account (select one) at the depository financial institution (“DEPOSITORY”) named below.

Depository Name _____

Routing Number _____ Account Number _____

Name on the Account _____

Amount of credit _____

Date to start: _____ Frequency: Weekly Monthly Quarterly Other

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing to 3618 5th Ave., STE 1, Altoona PA 16602-1705 that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 15 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____

You may email this completed form to Annette Wholaver at annette@icfoundation.us, or fax it to (814) 201-2092.