

Project Next Stakeholder Form

Recurring ACH Payment Authorization

By completing this form, you are authorizing regularly scheduled charges to your checking account. You will be charged the amount indicated below each billing period. A receipt will be provided to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Bryan Area Foundation to charge my bank
(Full Name)

account indicated below for \$ _____ between the 10th-15th day
(Amount \$) (Withdrawals begin July 2025)
of each month.

- | | |
|--|--|
| <input type="checkbox"/> \$50 every month | <input type="checkbox"/> \$200 every month |
| <input type="checkbox"/> \$100 every month | <input type="checkbox"/> \$250 every month |
| <input type="checkbox"/> \$150 every month | <input type="checkbox"/> An annual gift of _____ |
| <input type="checkbox"/> \$___ every month | (Annual gifts will be withdrawn in July of each year.) |

This payment is for Project Next/Bryan Area Foundation.

Billing Information

Who is going to be the stakeholder? Individual Ownership Joint Ownership

Name _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

****Please see and complete reverse side of this form as well****



Bank Details

Checking (please attach a voided check for the account you want to use for the automatic debit)

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Bryan Area Foundation may at its discretion attempt to process the charge again within 30 days and agree to an additional \$5.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

Return this form to the Bryan Area Foundation office
In Person: 124 S. Lynn St., Bryan, Ohio 43506
Mail: PO Box 651, Bryan, Ohio 43506

