AUTHORIZATION TO INITIATE ACH DEBIT ENTRIES

Beta Chapter of Theta Chi

CUSTOMER INFORI	MATION					
I (We) authorize Beta C my (our) account to cor				ur) account (and if ned	cessary, electronically credit	
Account Type (select one):	□Checking	□Sav	ings			
Account Class (select one):	ne): Consumer Account		(only consumer accounts accepted at this time)			
Full Name on Account:						
Account #:		Routing #:				
Amount of debits:	☐ \$10 (Cavern)	□ \$18.56	☐ \$25 (Library)	☐ \$42 (Treasurer's Lou	inge) Other: \$	
Frequency of debits:	☐ Monthly	☐ Other:				
Beginning on Date:	☐ ASAP	□ On/	_/			
	me that I (we) w	vish to revoke t	his authorization.	I understand that Be	er of Theta Chi has received ta Chapter of Theta Chi	
customer Signature:(Authorized Signer for Account)				Date:		
Customer Printed Name	e:					
Customer Contact Tele	phone # :		Emai	l address:		

Direct donations to Beta Chapter of Theta Chi (including through ACH debit) are not tax-deductible. If you are donating \$500 or more and are interested in a tax-deductible donation, please make your check out to: "Society for the Preservation of Greek Housing" and mail to the address below.