



DIRECT DEBIT AUTHORIZATION

I hereby authorize Oklahoma FFA Foundation hereinafter called THE FOUNDATION, to initiate monthly debit entries for \$ _____ to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution

Branch

Address

City/State

Zip

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until THE FOUNDATION has received written notification from me of its termination in such time and manner as to afford THE FOUNDATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Signature

Date

Designation of donation, if applicable

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Return form with voided check to:

**Oklahoma FFA Foundation
1500 W. 7th Ave.
Stillwater, OK 74074**