

HOPE Coalition
Automatic Recurring Donation Application Form
 For questions call 651-388-9360, ext 30.

W. B. A. 2 (12/91) 11130

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PREAUTHORIZED PAYMENT AGREEMENT
 (For transfers from Originator's account)

Associated Bank, NA PO Box 19097 Green Bay WI 54307-9097
(Bank Name and Address)

To be filled in by donor

The undersigned ("Originator," whether one or more) authorizes and directs the Bank to debit Originator's account no. _____:
 (select only one)

- (a) Upon receipt of debit entries to, depository transfer checks or drafts drawn on (whether or not signed) or other written electronic instruction affecting Originator's account, acceptable to Bank and initiated by Beneficiary.
- (b) In the amount of \$ _____, beginning _____ and on the same day of each _____ thereafter, or _____

and to transfer such funds to Beneficiary's Bank for credit to Beneficiary's account for payment to Beneficiary upon presentment of the following identification to Beneficiary's Bank: _____.

- (c) In accordance with requests of Originator transmitted to Bank from time to time in a manner acceptable to Bank and to credit such funds to Beneficiary's account.

To be filled in by bank representative

Beneficiary's Name HOPE Coalition Beneficiary's Account Number _____
 Beneficiary Bank Name, City, State, Zip (If other than Bank) Associated Bank, Red Wing, Minnesota 55066
 Beneficiary Bank Routing Number 075900575
 Dated _____
 Telephone: (651) 388-9360, ext. 30

THIS AGREEMENT INCLUDES THE ADDITIONAL PROVISIONS ON PAGE TWO. Originators are jointly and severally obligated under this Agreement.

<p><u>Emily Nelson, Development Coordinator</u> (SEAL) <small>ORIGINATOR</small></p> <p>_____ <small>ORIGINATOR</small> (SEAL)</p> <p>_____ <small>ORIGINATOR</small> (SEAL)</p> <p>_____ <small>ORIGINATOR</small> (SEAL)</p> <p>Address: <u>480 West 8th Street, Red Wing, MN 55066</u></p> <p><u>Associated Bank, NA</u> <small>Received by Bank</small></p> <p>_____ <small>For the Bank</small></p>	<p>_____ <small>(Originator)</small> (SEAL)</p> <p><u>501(c)3 Non-profit organization, EIN #41-1720180</u> <small>(Type of Organization)</small></p> <p><u>Minnesota</u> <small>(State of Organization)</small></p> <p>_____ <small>(SEAL)</small></p> <p>_____ <small>(SEAL)</small></p> <p>_____ <small>(SEAL)</small></p>
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FOR BANK USE ONLY