CFVI

Community Foundation of the Virgin Islands

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(ACH CREDITS)

I hereby authorize Community Foundation of the Virgin Islands, Inc. (CFVI) to initiate credit entries and to initiate, if necessary, adjustments for any credit entries initiated in error to my account indicated below and the depository institution named below hereinafter called DEPOSITORY, to credit and/or debit the same to such account:

Name on Account:_____

Bank Name: _____

Routing / ABA #: | | | | | | | | | |

Account #: | | | | | | | | | | | | | | | | | |

Account type: _____ checking _____ savings

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

Name: _____

Signature: _____

Date: _____