



1 College Circle  
Geneseo, NY 14454

Schedule your payment to be automatically deducted from your checking or savings account.  
Just complete and sign this form to get started!

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed 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 the Geneseo Foundation to charge my bank account  
(full name)  
indicated below on the \_\_\_\_\_ of each \_\_\_\_\_ for payment of my \_\_\_\_\_.  
(Day or date) (monthly or quarterly) (gift or pledge)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Name on Acct	_____		
Bank Name	_____		
Account Number	_____		
Bank Routing #	_____		
Bank City/State	_____		

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Geneseo Foundation 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 The Geneseo Foundation may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$40.00 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.