

Complete this page only if you are a new donor in 2023 to the CHCS Scholarship or Endowment.



CARING COMMUNITY FOUNDATION, INC.

307 Leonard
PO Box 54
Onaga, Kansas 66521

Direct Payment via ACH Authorization

I authorize The Farmers State Bank of Westmoreland, on behalf of Caring Community Foundation, Inc. to initiate debit entries to my account (indicated below) and the Financial Institution named below to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Account Details

Financial Institution Name: _____ City: _____ State: _____

Routing Number: _____ Acct. Number: _____ Type of Acct: Checking Savings

Note: You may also attach a voided check or copy to this form.

Payment Details

Fixed bi-weekly or monthly payment(s) as indicated below (starting on _____)

CHCS Williamson Endowment Fund	\$ _____	Bi-weekly	\$ _____	Monthly	\$ _____	Total Pledge
CHCS Endowed Scholarship Fund	\$ _____	Bi-weekly	\$ _____	Monthly	\$ _____	Total Pledge
Other _____	\$ _____	Bi-weekly	\$ _____	Monthly	\$ _____	Total Pledge

Note: bi-weekly drafts occur every other Friday on the standard CCF schedule. Monthly drafts occur on the third or fourth Friday each month on the standard CCF schedule.

Additional information if any _____

This authorization is to remain in full force and effect until Caring Community Foundation has received written notification from me (or any authorized account signer) at least 5 days prior to the effective date of its termination, as to afford a reasonable opportunity to act on the request.

Print Individual Name: _____

Date: _____ Signature: _____