



DEBIT AUTHORIZATION

ASP GROUP NAME

ASP GROUP NO.

I (we) hereby authorize **Appalachia Service Project (ASP)**, hereinafter called Company, to initiate a debit entry(ies) to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for Application. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and when applicable the *NACHA Operating Rules and Guidelines*.

Bank/Financial Institution

Address

City/State/Zip

Routing Number

Account Number

Type of Account: Checking

Savings

Amount: \$ _____

Date of Debit: _____

Print or Type Individual Name

Signature

Date

When submitting this form, please attach Copy of Voided Check and submit along with the ASP Payment form to:

Appalachia Service Project
Volunteer Department
4523 Bristol Highway
Johnson City, Tennessee 37601

If the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authorization will be scheduled by Company and can be cancelled with *written notification from me (or either of us)* of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

REPAIRING HOMES, TRANSFORMING LIVES