

AUTHORIZATION FOR AUTOMATIC MONTHLY CHECKING ACCOUNT WITHDRAWAL

I authorize the Cleveland County Democratic Party to deduct the following amount from my checking or savings account monthly until I notify the Party to cease drawing from my account.

☐ \$25 per month ☐ \$50 per month ☐ \$100 per month ☐ \$_____ per month

Note: Your donation will be transferred as part of a “batch” along with other ACH donations. That ACH batch takes place on or around the 15th of each month.

PLEASE PRINT CLEARLY

Name of Donor: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

My Bank/Credit Union: _____

My Bank Routing Number: _____

My Account Number: _____

Type of Account: _____ Checking _____ Savings

My Occupation*: _____

Employer*: _____

Email address: _____

Preferred Phone #: _____

** We are required to provide Occupation and Employer information to the Oklahoma Ethics Commission for every donation. If you are retired, indicate “Retired” and provide your last employer and occupation.*

I authorize these funds to be deposited in the Cleveland County Democratic Party account at Armstrong Bank, Norman, Oklahoma. This authorization will remain in effect until I notify the Cleveland County Democratic Party in writing to stop the withdrawal.

Signature: _____ Date: _____

IMPORTANT: Please attach a voided check from your account. Please return with this completed form to the Vice Chair of the Cleveland County Democratic Party, PO Box 455, Norman, OK 73070