



1870 Whitehaven Road
Grand Island, NY 14072
Phone: 716-773-3651
www.gichamber.org

Name of Chamber Member Paying for Insurance: _____

I (we) hereby authorize Grand Island Chamber of Commerce , hereafter called COMPANY to initiate credit entries to my (our) checking account indicated below at the depository institution named below hereafter called DEPOSITORY and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Depository Name: Northwest Bank

Branch Office: 2435 Grand Island Blvd.
Grand Island, NY 14072

Your Bank Routing Number: _____ **Account Number:** _____

This authorization is to remain in full force and effect until the COMPANY has received WRITTEN NOTIFICATION from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Written authorization must be received **30 days** before action to change or terminate is required.

Your Name (print): _____

Date: _____ Signature: _____

Email: _____

****Please Attach a Voided Check****

Note: Written credit authorization must provide the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.