



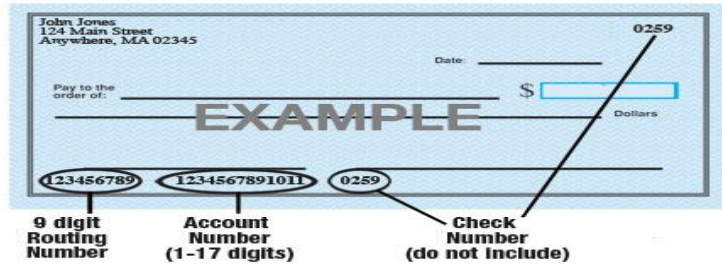
## Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Withdrawal will occur on the 1<sup>st</sup> of every month.

Type of Account:                      Checking                      Savings                      (Circle One)

*Please attach a voided check if your deposit will be made from a checking account.*

The Foundry is hereby authorized to withdraw the above listed amount from the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form and voided check to:  
The Foundry  
300 Marion Street  
Old Forge, PA 18518