

LOST RAILWAY MUSEUM

MULTI-STOP AUTO DEDUCTION PLEDGE



ACH Authorization Agreement

Automatic Transfer Authorization to the Lost Railway Museum

I hereby authorize Chelsea State Bank to initiate debit entries from my account indicated below for the amount designated as the withdrawal amount. I, also, authorize Chelsea State Bank to reverse any debits made to such account in error. This authority is to remain in full force and effect until Chelsea State Bank has received written notification from me of its termination in such time and in such manner as to afford Chelsea State Bank a reasonable opportunity to act on it. I understand that Chelsea State Bank must receive written notification of any changes by 3:00 PM at least 15 business days prior to the scheduled transfer date.

Date <input type="text"/>	Checking Savings	Name (Print) <input type="text"/>	Signature <input type="text"/>
Financial Institution (or ABA) Number <input type="text"/>	Financial Institution Name <input type="text"/>	Account Number <input type="text"/>	

Please select you Donation Package:

Conductor	Monthly	Amount <input type="text"/>	On what day of the month <input type="text"/>
Motorman	Quarterly	Amount <input type="text"/>	On what day <input type="text"/> in (Jan/April/July/Oct)
Station Agent	Semi-Annually	Amount <input type="text"/>	On what day <input type="text"/> in (Jan/July)
Gandy Dancer	Annually	Amount <input type="text"/>	On what month and day <input type="text"/> of the year

Donation to:

In memory of:

Lost Railway Museum	Checking	Ending in 2584
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