



Debit Authorization

Please fill out and return with a *voided check* from your checkbook.

I authorize you and the financial institution listed below to initiate electronic entry to my
Checking Account or Savings Account (Please check one). This authority will remain in effect until I have canceled it in writing.

- The deduction will be on or about the 1st day of the month for \$_____.

The authorization is to remain in full force and effect until MAC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MAC and Depository a reasonable opportunity to act on it. If the item gets returned, MAC will charge the returned item fee along with a \$5.00 handling charge.

Company Name

Financial Institution

Family Name (Please Print)

City/State

Signature

Account Number

Date

Routing and Transit Number

Email Address

I understand that MAC will notify me via email a minimum of 10 days in the form of the family statement prior to any transaction that exceeds the agreed upon amount of \$_____ by more than \$30.00 other than swim shop, concessions or other charges the family may incur with MAC. The charges will all be on the statement that is sent via email.

Initial

I understand MAC may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of the error within 24 hours once discovered



First Interstate Bank

Across Montana & Wyoming... It's Our Home, Too!

Attach Voided Check Here