



Recurring ACH Payment Authorization

I/We authorize the Montrose County Democratic Party to initiate debit entries to my/our checking/savings account indicated at the financial institution below, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the U.S. law.

Name(s) on account: _____

Bank name: _____

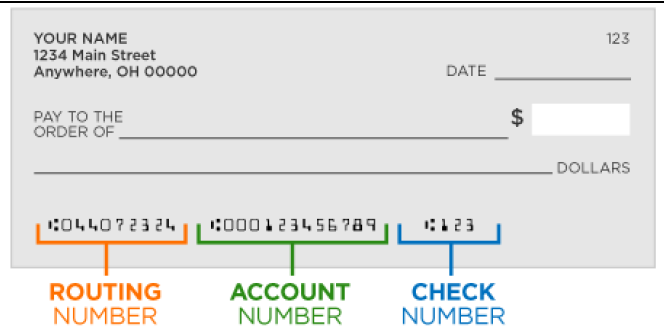
Account type: Checking Savings

Routing number: _____ *

Account number: _____ *

Amount: _____

Frequency: Monthly Yearly



This authorization is to remain in full force and effect until MCDP has received written notification from me/us of its termination in such time and manner as to afford MCDP and my financial institution a reasonable opportunity to act on it. Notification should be sent to MCDP, P.O. Box 2126, Montrose CO 81402.

Authorized signature: _____ Date: _____
Signature required

As a political donation, we need the following information to comply with Campaign Finance laws:

Name: _____

Address: _____

Occupation: _____ Employer: _____

Legal Compliance Statement

- I am not a foreign national who lacks permanent residence in the United States.
- I am not a Federal government contractor.
- This contribution is made from my own funds, and not those of another.
- This contribution is not made from the funds of a corporation or labor organization.
- This contribution is made on a personal credit card or debit card for which I have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another person.
- I am at least eighteen years old.

* If you did not provide the routing and account numbers above, please attach a VOIDED check below.