



**P'nai Or**  
of Portland

## Automatic Withdrawal Form

### INFORMATION ABOUT YOU

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Phone (if we have questions) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

*Attach Void Check Here*

Amount of authorized debit (withdrawal): \$ \_\_\_\_\_

Withdrawal Period (circle one): Monthly Quarterly (Feb, May, Aug, Nov) Annually

Date of Withdrawal (circle one): 1<sup>st</sup> 15<sup>th</sup>

I (we) hereby authorize the Charitable Partnership Fund (CPF) to initiate debit entries to my (our) account described on this form, at the Bank identified on this form, and to debit the same to such account. This authority will remain in effect until I notify CPF in writing to cancel it, in such time as to allow the Bank a reasonable time to act on the termination.

I can stop payment of an entry by notifying my financial institution three (3) days before my account is charged. I may also change the amount of the debit by notifying CPF in writing.

**SUCH DEBITS ARE TO BE MADE FOR THE BENEFIT OF [ \_\_\_\_\_ ], hereinafter called RECIPIENT, to be paid to RECIPIENT in the manner and times as agreed from time to time between CPF and RECIPIENT.**

**I (we) understand that if RECIPIENT is not qualified as a public charity, or otherwise does not satisfy distribution policies set forth by CPF, I (we) may identify another organization to serve as RECIPIENT. I (we) further understand that CPF has final authority over the entity that may serve as RECIPIENT, as set forth in CPF's policies.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

(co-owner) Signature \_\_\_\_\_

Date \_\_\_\_\_