



ACH Preauthorized Payment Authorization Agreement

I hereby authorize the Kentucky Bar Foundation, Inc. (the "KBF") to initiate debit entries to the account listed below as pledged in my Fellows Application dated _____ (the "Pledge Agreement"). Debits will be initiated on or about the 21st day of each month. I understand that, if necessary, credit entries and adjustments for any debit entry in error may be made to my account in relation to such debit entries.

This authorization will remain in effect until the completion of my last contribution pledged in my Pledge Agreement; provided, however, that I may rescind the authorization granted herein prior to the completion of my pledge by delivering written notification of same to the KBF at least 30 days prior to the next scheduled debit date.

Please Print:

Donor Name: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

****Please attach a voided check for verification of routing number and account number.**

Donor Signature

Date

The KBF must retain a copy of this authorization to be produced upon the originating or receiving bank's request.

Please return this form to: Kentucky Bar Foundation, 514 W. Main Street, Frankfort, KY 40601-1812.