



**EMILY WILLISTON
MEMORIAL LIBRARY**

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS/WITHDRAWALS

I/We _____, authorize the Public Library Association of Easthampton, d.b.a. Emily Williston Memorial Library, to initiate debit entries in the amount of \$ _____ monthly and to, if necessary, credit entries and adjustments for any debit entries made in error to my/our _____ checking _____ savings account (select one) indicated below and depository named below, hereinafter called "Depository," to debit and/or credit the same to such account.

PLEASE CHOOSE WITHDRAWAL DATE: 5TH OR 20TH OF THE MONTH (indicate with an 'x')

BANK NAME: _____

BANK ROUNTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING SAVINGS (*circle one*)

Telephone Number or email address: _____

This Authorization Agreement is to remain in full force and effect until Emily Williston Memorial Library has received written notification from me/either of its termination in such time and in such manner as to afford Emily Williston Memorial Library and Depository a reasonable opportunity to act on the request.

PATRON: _____

SIGNATURE

PLEASE PRINT

DATE

You can email the completed form to ehampton@cwmmars.org

Or send by mail:

Emily Williston Memorial Library
9 Park Street
Easthampton, MA 01027