



# AUTHORIZATION FOR DIRECT DONATION

*Thank you for your support! We could not run Griot without you!*

I authorize Griot Arts Inc. to initiate DEBIT entries, and if necessary, to initiate CREDIT entries and adjustments if an error occurs to my checking/savings account that I have specified below. This authority will remain in effect until I notify Griot Arts Inc. in writing to cancel it by the 1st of the month to afford Griot Arts Inc. reasonable opportunity to halt such payments. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution

Branch

City (of Financial Institution)

State

Zip Code

Amount you are supporting (ie. \$50/month)

Account Number

Checking or Savings

Financial Institution Routing Number (9 digits between these symbols I: I: on the bottom left of your check)

You Full Name-Please Print

Your Signature

Date

Your Address

Your City

Your State

You Zip Code

Your e-mail (please print)

Your Phone Number

ATTACH VOIDED CHECK HERE