



Lake Oswego Schools Foundation

Exceptional teachers. Extraordinary students.

Automatic Checking Account Withdrawal

INFORMATION ABOUT YOU:

Last Name _____ First Name _____ M.I. _____

Address _____ Phone (_____) _____ - _____

City _____ State _____ Zip _____

Bank _____ Branch _____

City _____ State _____ Zip _____

INFORMATION ABOUT US:

Lake Oswego Schools Foundation | PO Box 70 | Lake Oswego OR 97034 | Federal ID: 94-3028590 | 503-534-2118

Attach Void Check Here

Amount of authorized debit (withdrawal): \$ _____

Withdrawal Period (circle one): Monthly Quarterly Annually

Date of Withdrawal (circle one): 1st 15th

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 THE NON-PROFIT ORGANIZATION IDENTIFIED ON THIS FORM, herein called RECIPIENT, to be paid to RECIPIENT in the manner and times as agreed form time to time between CPF and RECIPIENT.

Signature _____ Date _____

(co-owner)Signature _____ Date _____

Please return to: Lake Oswego Schools Foundation | P.O. Box 70 | Lake Oswego, OR 97034