



**LANCASTER CITY
ALLIANCE**

Strong Community. Strong Economy. Vibrant City.

Automatic Deduction (ACH) Contribution Form

This form authorizes Lancaster City Alliance (LCA) to withdraw an amount specified by you from your checking or savings account one time or on a monthly basis.

In order to ensure accuracy, please attach a voided check to this form. Return form via mail at the address below. If you have any questions, please call 717-394-0783.

Lancaster City Alliance
354 N. Prince Street, Suite 110
Lancaster, PA 17603

Bank Account Information

Bank/Financial Institution Name

Bank Routing (ABA) Number

Bank Account Number

You can obtain your routing (ABA) number and account number by looking at one of your checks or by calling your bank.

\$

One Time

Monthly

Amount of Donation

Duration of Donation **(Circle One)***

5th

20th

Account Type (Checking or Savings)

Date of Deduction **(Circle One)***

Printed Name

Address

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City/State

Zip

Phone

Email Address

By my signature below, I authorize LCA and the financial institution listed above to withdraw from my account the amount listed above (this includes my authorization for LCA to reverse charges made in error.) This authority will remain in effect until I give written notice to cancel it. I understand that in order to automate recording of my donations, LCA may store my bank account information in their donor database software.

Signature

Date