Thank You for Powering Clean Energy With a Monthly Gift

Your monthly gift ensures a stable financial future for our organization as we make meaningful, measurable steps toward a 100% locally-owned clean energy future.

To set up your monthly gift:

1. Complete the attached authorization form
2. Return it to Winneshiek Energy District, PO Box 14, Decorah IA 52101, or drop off at WED's upstairs location at 217 W Water Street in Decorah during business hours.
3. Complete and keep this sheet for your records.

My monthly gift
" Yes! I'm pleased to make a $_____ on the _____ day of the month." This gift was enacted on _____ (date) and charged monthly until I request otherwise.

Your contribution will be processed on the day of your choice each month. This authorization will remain in effect until you submit a change request in writing to contact@energydistrict.org or PO Box 14, Decorah, IA 52101.

Thank you for your ongoing support!

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)

Check one: ☐ Begin Payments ☐ Change Information

I hereby authorize the *Winneshiek Energy District* to electronically debit my account (and, if necessary, to electronically credit my account to correct erroneous debits) as follows at the depository financial institution named below ("DEPOSITORY"). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

☐ Checking Account / ☐ Savings Account(*select one*)
☐ Business Account *(Check this box if the account is setup at your bank as a business account)*

Depository Name: _____

Routing Number: _____ Account Number: _____

Name on the Account: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____

Date(s) and/or frequency of debit(s): _____

I understand that this authorization will remain in full force and effect until I notify the Winneshiek Energy District by email or mail that I wish to revoke this authorization. I understand that the Winneshiek Energy District requires at least 7 days prior notice in order to cancel this authorization.

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CONSUMER / PERSONAL ACCOUNT only:

Signature: _____ Date: _____

Printed Name: _____

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COMMERCIAL / BUSINESS ACCOUNT only:

I certify that I am an authorized signer, or otherwise have authority to act, on the account identified in this agreement. By signing below, both parties subject to this Authorization agree to be bound by the *NACHA Operating Rules and Guidelines.*

Name of Company: _____

Signature of Authorized Representative: _____

Printed Name and Title of Authorized Representative: _____

Date: _____