



Jewish Federation
OF GREATER PORTLAND
6680 SOUTHWEST CAPITOL HIGHWAY
PORTLAND, OREGON, 97219

THE **STRENGTH** OF A PEOPLE.
THE **POWER** OF COMMUNITY.

DIRECT WITHDRAWAL AGREEMENT FORM

Authorization Agreement

I hereby authorize Jewish Federation of Greater Portland to initiate automatic withdrawals from my account at the financial institution named below. I also authorize Jewish Federation of Greater Portland to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold Jewish Federation of Greater Portland responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds to my account.

This agreement will remain in effect until Jewish Federation of Greater Portland receives a written notice of cancellation from me or my financial institution, or until I submit a new direct withdrawal form.

Account Information

Name of Financial
Institution: _____

Routing
Number: _____

Account
Number: _____

Checking
☐

Savings
☐

Personal Information

Full Name: _____

Address: _____

Email: _____

Signature

Authorized Signature
(Primary): _____

Date: _____

Authorized Signature
(Joint): _____

Date: _____