



# National Center for Conservation Science & Policy

## Monthly Electronic Funds Transfer Enrollment

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 the National Center for Conservation Science & Policy (NCCSP) 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 NCCSP in writing.

Such debits are to be made for the benefit of NCCSP, to be paid to NCCSP in the manner and times as agreed from time to time between CPF and NCCSP. I(we) understand that if NCCSP is not qualified as a public charity, or otherwise does not satisfy distribution policies set forth by CPF, I(we) may identify another organization to serve as recipient. I (we) further understand that CPF has final authority over the entity that may serve as recipient, as set forth in CPF's policies.

**My monthly contribution:** \_\_\_\$5 \_\_\_\$10 \_\_\_\$25 \_\_\_\$50 \_\_\_Other \$\_\_\_

**Please withdraw my contribution on this day of the month (circle one):**     1<sup>st</sup>     15<sup>th</sup>

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS COMPLETED FORM AND MAIL IT TO:**

**National Center for Conservation Science & Policy  
84 Fourth St.  
Ashland, OR 97520**

***Thank You!***