



Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize High Plains Food Bank to charge my banking account listed below, , starting on the month \_\_\_\_\_ Day \_\_\_\_\_ year \_\_\_\_\_ and on the [day of the month] for each month following through Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ for the amount of \$ \_\_\_\_\_ for Donation.  
[Description of the transaction]

My account information is as follows:

Bank Name: \_\_\_\_\_

Bank Account Type:  Checking  Savings  Business Checking

Bank ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

This payment authorization is valid and to remain in effect unless I, \_\_\_\_\_ notify High Plains Food Bank of its cancellation by sending written notice by: \_\_\_\_\_ (mail to/ fax to/email to, etc., Or email to [chris@hpfb.org](mailto:chris@hpfb.org))

\_\_\_\_\_  
Customer Name Printed

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Please attach a voided check below and fax form to:806-371-7459, or scan and email to [chris@hpfb.org](mailto:chris@hpfb.org). Payments and orders cannot be placed until the completed form is received.