



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 [broc@hpfb.org](mailto:broc@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 [broc@hpfb.org](mailto:broc@hpfb.org). Payments and orders cannot be placed until the completed form is received.