

# Zeta Psi Fraternity of North America, Inc.

## Systematic Debit Authorization

Monthly Amount: \_\_\_\_\_

From: \_\_\_\_\_ (Starting Month)

I authorize Zeta Psi Fraternity of North America, Inc. to initiate Automated Clearing House (ACH) debits to my checking account for voluntary donations as detailed above. I understand that I can cancel or amend this program at any time by contacting the program administrator or my bank.

Printed Name: \_\_\_\_\_

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

### Program Notes:

- Debits will be initiated on or about the 15<sup>th</sup> of each month.
- For bank account to be debited, please attach a voided check or photocopy of a check so that we can obtain the proper routing and account numbers.
- ACH payments are convenient and as safe as using an ATM.
- ACH payments are as confidential as using a paper check.
- Federal laws protect you from the possibility of fraud.
- Your bank will provide a detailed confirmation of each transaction on your monthly statement.
- You can cancel any payment by notifying your bank before the transaction date. We would prefer that you contact the program administrator to save us from reject charges.
- Sign up on a trial basis – if you are not completely satisfied, you can cancel at any time.
- Donations to the Zeta Psi Fraternity of North America, Inc. are not deductible for income tax purposes; however greatly benefit and assist the mission of the organization.

Program Administrator: Stuart Bowers ([sbowers@leggmason.com](mailto:sbowers@leggmason.com))

Home: (410) 581-0494      Office: (410) 580-7400      Fax: (410) 454-0200

Return Signed Form to:

Zeta Psi Fraternity of North America, Inc.  
15 South Henry Street, Pearl River, NY 10965