



### CREDIT AUTHORIZATION

I (we) hereby authorize VT Association of Snow Travelers, Inc., hereafter called COMPANY, to initiate **credit** entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below, hereafter called financial institution, to credit the same to such account for (club name) \_\_\_\_\_\*. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

_____		_____	
FINANCIAL INSTITUTION		ROUTING NUMBER	
_____	_____	_____	_____
CITY	STATE	ZIP CODE	
_____	[ ]=CHECKING [ ]=SAVINGS		
ACCOUNT NUMBER			

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____	_____
Club President Signature	Email for ACH receipt (person authorized to accept checks from VAST)
_____	_____
Print Name	Name of ACH email recipient Phone #
_____	
Club Tax ID Number	
_____	
Date	

**Please attach a voided check if checking account is selected.**  
Mail completed authorization form and sample "Voided Check" to: VAST, Attn: Sheila Fenoff-Willett, 26 VAST Lane, Barre, VT 05641

**- FOR COMPANY USE ONLY -**

Date received \_\_\_\_\_ Processed by \_\_\_\_\_

Follow up action required \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Enter the purpose/source for the entries.