

**CHICO CREEK NATURE CENTER
 AUTHORIZATION AGREEMENT FOR
 DIRECT PAYMENTS (ACH DEBITS)**

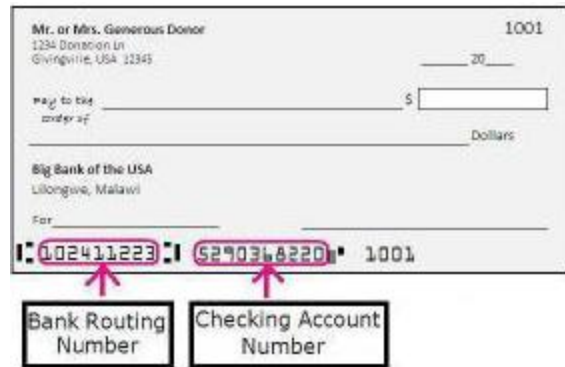


Company Name Chico Creek Nature Center
 Company Tax ID Number 68-0341188

Thank you for helping make our vision of quality Environmental Education an ongoing reality.

I (we) hereby authorize the Chico Creek Nature Center, to initiate monthly withdrawals from my (our): Checking Account Savings Account (select one) (Bank Name and amount of monthly withdrawal indicated below).

Bank _____
 Address _____
 Routing Number _____
 Account Number _____



This authorization is to remain in effect until Chico Creek Nature Center has received written notification from me (or either of us) of its termination. Chico Creek Nature Center will terminate immediately upon such notification.

I (We) understand that the monthly withdrawal date is the 5th.

Please begin the AFT in the month of _____ Monthly Amount \$ _____

Names(s) _____
 (Please Print)

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Date _____ Signature _____

Please provide a voided check along with this form.

THANK YOU!