

RETURN FORM TO:
First American Bank
P.O. Box 6259
Norman, OK 73070

OR scan and email with signature to:
endandrews@aol.com

RE: Beller Foundation

PPD Recurring Debits Authorization

I (we) hereby authorize **Beller Family Foundation**, hereinafter called the COMPANY, to initiate debit entries to my (our) _____ checking/ _____ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

Bank Name	
Routing Number	
Account Number	
Name on Account	
Frequency of Payments	<input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> one time
Amount of Payments	\$ _____ length of time _____ weeks _____ months

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY has received written notification from me (or us) of its termination, in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name	
Date	Signature

Please attach a voided check (**not deposit slip**) to this authorization.