## AUTHORIZATION TO PAY ROTARY QUARTERLY DUES

1 Rotarian: _____
(Please print your name)

I authorize the North American Banking Company, (Edina Rotary's bank), to debit my checking account for my quarterly invoice on approximately July 10, Oct 10, Jan 10 and Apr 10. (This authorization will remain in effect until you notify the club administrator you wish to cancel.)

2 Your Bank's Name: _____

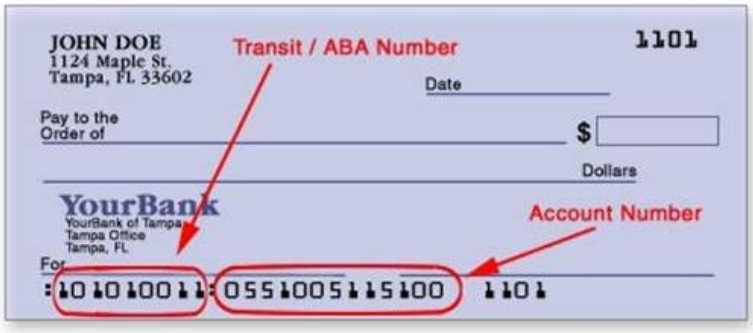
Branch _____

City _____ St _____ Zip _____

3 Signed _____ Date _____

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4 Please fill in your account numbers **or attach a voided check**. (Voided check is a good idea)




Transit / ABA No. | | | | | | | | | |

Account No. | | | | | | | | | | | | | |

5 Please return to the front desk at a meeting or mail to :

Club Administrator
c/o Rotary Club of Edina
PO Box 24481
Edina, MN 55424

Revised: 11.15.2022