



FROZEN RIVER
FILM FESTIVAL
FEBRUARY 6-10, WINONA, MN

ACH Payment Authorization Form

I, _____, authorize Frozen River Film Festival with an address of 160 Johnson Street, Winona, MN 55987, to make a

Recurring debit withdrawal to my checking or savings account

One-time debit withdrawal to my checking or savings account

for the amount of _____ on a one-time/recurring basis.

By signing this form, you give Frozen River Film Festival permission to debit your account for the amount indicated on the **25th of the month**. If the 25th is a non-processing day, your account will be debited on the following business day. This is permission for the amount and does not provide authorization for any additional unrelated debits or credits to your account. For **Recurring Payments**, this authorization is to remain in full force and effect until Frozen River Film Festival has received an acknowledged notification or written notice to the address listed above. For **One-Time Payments**, this authorization is to take place in the cycle following receipt of this letter, and will be terminated after the payment has cleared the account.

Name on Account: _____

Account Type: _____

Bank Name: _____

Account Number: _____

Bank Routing #: _____

Phone #: _____

Email: _____

Signature: _____ Date: _____