



Return to:
Inland Foundation
200 Kennedy Memorial Drive
Waterville, ME 04901
(207) 861-3377

Direct Payment Authorization Form

Date: _____

Name Last: _____ First: _____ MI: _____

SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

I authorize the Inland Foundation to withdraw \$_____ from my account listed below on the 1st of each month until I notify the Inland Foundation in writing for said payment to stop.

The amount withheld each month is to be applied to:

(Inland Foundation, Inland Hospital, Lakewood, specific department, program, fund, or project)

Account information:

Type of account: _____ Checking _____ Savings

Bank Routing No. : _____

Your Account No. : _____

Attach a voided check, or copy of a check, here if using a checking account. No deposit slips please:

Sincerely,

Signature

Date

Name (Please Print)

Phone