

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS****Our Father's Children, Inc.****ES7568**

Donor # (leave blank if not applicable)

Last Name

First Name

Address

City

State

Zip

Please debit my donation from my (check one):

- ☐ Checking Account (attach a voided check)
- ☐ Savings Account (contact your financial institution for Routing #)

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_

⌚ 1 2 3 4 5 6 7 8 9 ⌚ 1 2 3 1 2 3 4 5 6 ⌚ 0 0 0 1

Routing Number Account Number Check Number

**Date of first donation:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Frequency of donation:** (please check only one)

- ☐ Weekly – Mondays
- ☐ Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup>
- ☐ Monthly on the 1<sup>st</sup>
- ☐ Monthly on the 15<sup>th</sup>
- ☐ Quarterly on the 1<sup>st</sup>

**Donation amount:**

\$ \_\_\_\_\_

**Special Instructions:****AGREEMENT**

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please staple voided check here.*