

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Give Hope 2 Kids

ES8153

Donor # (leave blank if not applicable)			
Last Name		First Name	
Address			
City		State	Zip

Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
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Date of first donation: ____/____/____	Frequency of donation: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Fund designations and amounts: <input type="checkbox"/> General Fund-Help Give \$ _____ Hope 2 Kids make a difference in the lives of vulnerable children <input type="checkbox"/> Childrens Home Fund- \$ _____ Contribute to the purchase of land and facilities for our children's home <p align="right">Total \$ _____</p>
Special Instructions: _____		

<p><u>AGREEMENT</u></p> <p>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.</p> <p>Authorized Signature: _____ Date: _____</p>	
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Please staple voided check here.