Give Hope 2 Kids
Thanks You!!

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):

❑ 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: _____

⑈123456789⑈ 123 123456⑆ 0001

└─ Check Number
└─ Account Number
└─ Routing Number

Date of first donation:

_____/_____/_____

Special Instructions:

Frequency of donation:

❑ Weekly – Mondays
❑ Semi-Monthly – 1st and 15th
❑ Monthly on the 1st
❑ Monthly on the 15th

Fund designations and amounts:

❑ **Give Hope 2 Kids General Fund** $ _____

❑ **Child Sponsorship** name 1st & 2nd choice in special instructions $ _____

❑ **Volunteer Support** name volunteer in special instructions $ _____

Total $ _____

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.

Instructions: Scan and email to donate@givehope2kids.org
                          Or, mail to our office address: 6 Pine Tree Dr #100, Arden Hills, MN 55112