



Epworth Children's Home

ACH ACCOUNT AUTHORIZATION

Donor: _____

I hereby authorize Epworth Children's Home ("Company") to initiate debit entries to my checking or savings account(s) listed below. I understand that, if necessary, an adjusting debit or credit entry may be made to compensate for an entry made in error.

I also authorize the financial institution named below to credit and or debit the same to such account. I duly certify that I am an authorized signer of said account, and have the right to enter into this agreement.

MONTHLY CONTRIBUTION

Amount: _____ Day of the month: (Please check one) 1st or 15th

Gifts to be made until: (Please check one) ____ (Number) of monthly gifts are made
 ____/____/____ (Date) I provide Epworth with 30 days written notice

Notes: _____

ACCOUNT INFORMATION

Name of Bank: _____

City/State: _____

Bank Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until Epworth Children's Home has received written notification from me of its termination, or I have received written notification from Epworth Children's Home that the plan has been terminated. It is further provided that written notification of termination will be provided in such time and manner as to afford either party a reasonable opportunity to act on it.

Signature _____ Date _____

Please attach a voided check.

