

**AUTHORIZATION AGREEMENT FOR DIRECT DONATIONS (ACH DEBIT)**

<b>Type of Action (please check one)</b> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel
<b>INDIVIDUAL INFORMATION</b>
Name on Account: _____ Address: _____ City, State, Zip: _____
<b>FINANCIAL INSTITUTION INFORMATION</b>
Institution Name: _____ Account Number: _____ Nine-Digit Routing Number: _____
<i>Your financial institution routing number can be found on your check. It is the first nine digits on the lower left of your check followed by your institution account number and check number.</i>
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>GIVING INFORMATION</b>
<input type="checkbox"/> Recurring monthly donations of \$ _____ <input type="checkbox"/> Recurring quarterly donations of \$ _____
Starting Month/Year: _____ Ending Month/Year: _____
Comments:

I/We authorize Christian Women’s Job Corps of Tyler, Inc. to initiate debit entries to my/our checking/savings account indicated at the financial institution named above, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the U.S. law.

I/we agree to contact Krista Wallace, Executive Director, Christian Women’s Job Corps of Tyler, Inc., 408 W. Locust Street, Tyler TX 75702, if the fund in the selected bank account are or will at any time be sourced from financial agencies outside the territorial jurisdiction of the U.S. and provide additional information as requested.

Christian Women’s Job Corps of Tyler, Inc. requires written notification from me/us to change the terms of this agreement.

Name(s): \_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK.**