

Baptist Children's Home & Family Services
ACH Debit Authorization



I/We hereby authorize Baptist Children's Home & Family Services, hereinafter called the AGENCY, to initiate monthly debit entries to my/our account from the financial institution named below, in the amount of _____. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law and that these transactions represent a payment for services performed by the agency and/or a charitable donation to the agency.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

For debits on _____ day of each month with the first debit to occur on _____ (date).

This authority is to remain in full force and effect until the AGENCY has received written notification from me (or either of us) of its termination in such time not later than thirty (30) banking days before the next anticipated debit.

(Print Individual Name) (Signature)

(Print Individual Name) (Signature)

(Date)

Please attach a copy of a voided check to this form and return to:

Krystal Donelson, Director of Accounting
Baptist Children's Home & Family Services
949 Co Rd 1300 N
Carmi, IL 62821