



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT DONATIONS (ACH DEBITS)
TO HELPING SERVICES FOR YOUTH & FAMILIES**

I (we) _____ hereby authorize Helping Services for Youth & Families to initiate debit entries to my (our) bank Checking / Savings (circle one) account indicated below and the Financial Institution named below, and to debit the same such account each month beginning on _____ (dd/mm/year) and on that same date in subsequent months.

In the amount of one of the following: \$25 \$50 \$100 \$200 Other \$_____

Please attach a voided check and provide the following information.

(Financial Routing Number)

(Your Account Number)

(Financial Institution name)

(Financial Institution branch)

(Financial Institution address)

(City, State, Zip)

This authorization is to remain in full force and effect until Helping Services for Youth & Families has received written notification from me (or either of us) of its termination in such time and such manner as to afford Helping Services for Youth & Families and the bank the opportunity to act on it.

I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

NAME _____

PHONE _____

ADDRESS _____

EMAIL (optional) _____

DATE _____ SIGNATURE _____

Please return this form to:

Helping Services for Youth & Families, PO Box 372, Decorah, IA 52101