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 (check 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: ☐ $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 _____
(after completing form online, print and sign)

Please return this form to:

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