



Authorization Agreement for Automatic Debits (ACH Debits)

Originating Company Name: THE CHILDREN'S HOUSE OF NASHVILLE

I authorize the above named Originating Company to initiate entries to the account indicated below as follows:

- 1) They may initiate DEBIT entries, which moves money out of my account according to the schedule and other conditions to which the Originating Company and I have agreed.
- 2) They may initiate CREDIT entries to reverse any transactions they have originated to my account in error.

I/we desire to make a (circle one) **Monthly** **Quarterly** **Annual** Gift in the amount of \$ _____
Gifts will be debited from your account on the 15th day of the month.

The month I/we wish to begin the gift is: _____ 20__

The month I/we wish to end the gift is: _____ 20__

Name(s): _____
(Please print)

Account Number: _____

Name of Depository Financial Institution: _____

Location of Depository Financial Institution: _____

City: _____ State: _____ Zip: _____

Please enter your bank's routing and transit number here, and staple a VOIDED CHECK below*

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(nine digits)

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

Signed: _____ Date: _____ 20__

***DO NOT USE A DEPOSIT SLIP.** Many banks print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing and transit number will prevent your transactions from being directed to the correct bank, resulting in delays in the posting of your payment.

Note: If at any time, you need to discontinue your automatic gift program, please contact Sandra Mason at 615-298-5647

Return this page & voided check to: Children's House 3404 Belmont Blvd. Nashville, TN 37215