



AUTHORIZATION AGREEMENT FOR ACH DEBITS
(Please fill out completely and sign at the bottom)

Individual

ID Number

(Company Tax ID or SSN)

I (WE) hereby authorize **GRACE CENTERS OF HOPE**, herein after called **COMPANY**, to initiate debit entries and/or correction entries to our

Checking

Savings Account (select one)

indicated below at the depository named below, herein called **DEPOSITORY**, to credit the same such account. I (we acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Information

DONATION AMOUNT

DEPOSITORY NAME

CITY

STATE

BRANCH LOCATION

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

Donor Information

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE

DATE TO BEGIN MONTHLY WITHDRAWALS: _____

(GCH processes donations on the 15th of each month)

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

TAX ID NUMBER 38-6094602

SIGNATURE

DATE

SIGNATURE

DATE

EMAIL: AtwellM@GraceCentersofHope.org

FAX: 248-334-7939

MAIL: Attn: Michelle Atwell
Grace Centers of Hope
35 E. Huron St
Pontiac, MI 48342