

ACH Authorization Form

For automatic deductions from a US bank account.

Thank you for your support! If you would like to authorize **Agape in Action – US** to deduct regular payments by automatic deduction, please:

- 1. Complete and sign the form below.
- 2. Attach a voided, unsigned check to this form
- 3. Return the signed form with the voided check to Agape in Action US (contact info below)
- 4. Retain a copy of this form for your files

We will process your account for automatic deductions as soon as possible after we receive your signed form. You can cancel automatic deductions at any time by contacting AinA-US by email (donations@agapeinaction-us.org), fax (815 301 3387) or mail (PO Box 146, Three Rivers, CA 93271).

ACH Authorization Form

I hereby authorize Agape in Action – US to initiate electronic debits to my account in the named institution below, and I authorize the institution to accept the debit amount of such entries to my account. Each debit shall be made in an amount equal to the withdrawal amount and in accordance with the withdrawal frequency indicated below.

Type of bank account (check one): ☐ Checking Account	☐ Savings Account	
Bank (Institution) or Credit Union Name:		
Address:	City:	
	State:	Zip:
Routing Number:		
Account Number:		
Withdrawal frequency and amount (check one): ☐ Mon	nthly - \$30 Quarterly - er - (Frequency and Amo	
Start Date : mm / dd / yy		
This authorization is to remain in full force and effect until	I revoke the agreement by	written notification.
Account Holders Name:	Signature:	
Account Holders Phone:	Email:	
Date: mm / dd / yy		
Please return form and voided check to: Mail:	Pay to the Order of	\$

Agape in Action – US PO Box 146 Three Rivers, CA 93271

Fax: (815) 301 3387

Email: donations@agapeinaction-us.org

