



St. Francis House

Direct Debit Authorization

Instructions

Fill out and return this form to:

St. Francis House
PO Box 4490
Little Rock, AR 72214

Or Scan and email to stfrancis72204@att.net

This document must be signed requesting automatic debits monthly of \$_____ on _____ (day of the month) and retained on file by St. Francis House. Donors must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account Information

Account Type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for account here

Authorization

This authorizes St. Francis House Inc. (the "Company") to initiate the appropriate debit (and/or adjustment entries), electronically or by any other commercially accepted method, from my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____

Printed Name: _____