MSCF – DIRECT DEBIT ENROLLMENT

We are pleased to offer you the option of making your donation through Direct Debit from your bank account. Your donation will be automatically deducted from your checking or savings On the date you choose below. If you would like to sign up for this program, simply fill out the form below and return it to us with a voided check or savings deposit slip. Your automatic Deduction will begin with your next scheduled monthly donation. If you have any questions, please contact our office.

**All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF.**

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT DONATION

(ACH DEBITS)

I (We) hereby authorize **_Mourning Sun Children's Foundation,_** hereinafter called MSCF, to initiate debit entries to my (our) ☐ Checking Account ☐ Savings Account (select one) indicated below, hereinafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Name: _____ Email: _____

Address: _____

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

Signature: _____ Date: _____/_____/_____

Individual ID Number: _____

Set amount your account is to be charged $_____ Start Date: _____ /_____ /_____

Choose the date on which your debit will occur: ☐ 10th   ☐ 25th