

Authorization Agreement for Direct Payments (ACH Debits)
Given To
World of Hope Foundation, Inc.

Donor's Name: _____

Child's Name: _____

One-Time Donation Amount: _____

or

Monthly Donation Amount: _____

Date of Authorization: _____

I hereby authorize **World of Hope Foundation, Inc.**, hereinafter called COMPANY, to initiate debit entries for the collection of child sponsorship funds to my Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I also authorize credit entries to the extent necessary for corrections. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: _____

Depository City, State & Zip: _____

Depository Routing Number: _____

Account Number: _____

(Please attach a voided check)

I understand that my account will be debited no earlier than the 5th day of each month for monthly donations.

This authorization is to remain in full force and effect until COMPANY has received written notification from Donor of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Donor:

Printed Name

Signature