

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Organizational Name Amor Cristiano Internacional Incorporated (dba Orphanage Emmanuel)

I (we) hereby authorize Orphanage Emmanuel to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, (hereafter called DEPOSITORY, and to debit the same to 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 _____

**THIS DEBIT TRANSACTION IS TO TAKE PLACE MONTHLY ON THE FIRST WEDNESDAY OF EACH MONTH
(or if this is a holiday, the transaction will be made on the first non-holiday after this date)**

Monthly Deduction Amount: \$ _____ Month of first deduction _____ of 2022
(Please print)

Name(s) _____ Date _____

Address: _____ Phone _____

Signature _____ Explanation (i.e., child number(s)) _____

Email _____ or Designation _____

NOTE: This authorization is to remain in full force and effect until Orphanage Emmanuel has received written notification from me (or either of us) of its change or termination in such time and in such manner as to afford Orphanage Emmanuel and Depository a reasonable opportunity to act on it. You may make changes to this authorization or revoke this authorization only by notifying the originator (Orphanage Emmanuel/Mary Beth Worch) by sending a written request to Mary Beth Worch at the following address or send electronically to: emmanuelfinance89@gmail.com

Orphanage Emmanuel
2570 Pinewood Drive
Marietta, GA 30068

You **must** attach a **voided check** to this authorization.

