

# 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 2025  
(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](mailto:emmanuelfinance89@gmail.com)

Orphanage Emmanuel  
2570 Pinewood Drive  
Marietta, GA 30068

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