



## Celebrate Every Child - Become a Recurring Monthly Donor

You can make a big difference for EveryChild through a small donation each month – your donations add up over time to help create happy childhoods for kids in our community. And, when you sign up to contribute \$5 or more a month, you'll receive an EveryChild t-shirt. Complete the information below and return to EveryChild via mail or email.

Referring EveryChild staff/board member, if applicable: \_\_\_\_\_

### ACH Recurring Donation Authorization Form

Schedule your donation to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

#### Here's How Recurring Donations Work:

You authorize regularly scheduled debits to your checking or savings account, on the date specified below, for a donation EveryChild. A tax receipt will be sent after the initial donation, and annually thereafter.

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#### Please complete the information below:

I \_\_\_\_\_ authorize EveryChild to debit my bank account indicated  
(full name)

below on the (*check one*)    1<sup>st</sup> of each month    15th of each month in the amount of  
\$\_\_\_\_\_ for a donation to help prevent child abuse and give every child the foundation for a  
safe, healthy childhood.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify EveryChild in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next donation date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that EveryChild may, at its discretion, attempt to process the donation again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring donation with my bank so long as the transactions correspond to the terms indicated in this authorization form.