



**AUTHORIZATION AGREEMENT FOR DIRECT PAY - DONATION**

Donor's Name: (Print) \_\_\_\_\_

Donor Email: \_\_\_\_\_

I wish to donate via Direct Debit

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    Checking: \_\_\_\_\_    Savings: \_\_\_\_\_

I hereby authorize Sophia's Hearth Family Center, hereinafter called "Company", to initiate debit entries to my account at the depository financial institution, both indicated above, and to debit \$\_\_\_\_\_ monthly for a charitable gift to the Sophia's Hearth Family Center.

on the            1<sup>st</sup>            10<sup>th</sup>            25<sup>th</sup>            of each month. (circle one)

The Company reserves the right to reverse a debit in the event a customer was debited in error.

This authorization is to remain in full force until Sophia's Hearth receives notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Return completed form to:    Cynthia Cote, Business Manager  
Sophia's Hearth Family Center  
700 Court St  
Keene NH 03431