



# St. Francis House

## Direct Debit Authorization

### Instructions

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Fill out and return this form to:

St. Francis House  
PO Box 4490  
Little Rock, AR 72214

**Or Scan and email to [stfrancis72204@att.net](mailto:stfrancis72204@att.net)**

This document must be signed requesting automatic debits monthly of \$\_\_\_\_\_ on \_\_\_\_\_ (day of the month) and retained on file by St. Francis House. Donors must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

### Account Information

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Account Type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for account here*

### Authorization

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This authorizes St. Francis House Inc. (the "Company") to initiate the appropriate debit ( and/or adjustment entries), electronically or by any other commercially accepted method, from my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_