



**NORTH TEXAS CHAPTER**

**Direct Donation Authorization Form: Recurring Donations**

We are pleased to offer you a new service – The Direct Donation Plan. Now you can have your donation automatically deducted from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you'd like to change the amount of your donation, please notify us in writing specifying the new amount. The Direct Donation Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

**The Direct Donation Plan will help you in several ways:**

- It saves time – fewer checks to write and mail.
- It's easy to sign up for, easy to cancel.

All you need to do is:

1. Mark the box before type of account to indicate whether your donation will be deducted from your checking or savings account and the amount of the donation.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number clearly.

**Here's how the Direct Donation Plan works:** You authorize regularly scheduled donations to be made from your checking or savings account on the LAST BUSINESS DAY OF THE MONTH. Then, just sit back and relax. Proof of donation will appear on your statement and the Foundation will continue to send acknowledgment letters for your tax purposes.

*Note: Be sure to sign the form!*

**Please complete the information below:**

I, \_\_\_\_\_, authorize the Make-A-Wish Foundation of North Texas to initiate electronic debit entries to my: \_\_\_\_\_ checking account (or) \_\_\_\_\_ savings account

for recurring, tax-deductible donations to the Foundation in the amount of \$ \_\_\_\_\_ /monthly.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law and that I am responsible for any associated fees charged by my bank. This authority will remain in effect until I have cancelled it in writing.

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

FINANCIAL INSTITUTION NAME (PLEASE PRINT): \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME PREFERRED FOR ACKNOWLEDGMENTS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_