



**Authorization for  
Direct Payments  
(ACH Debits)**

By setting up an automated giving alternative, your reoccurring gift will be transferred automatically from your bank account **each month**. Thank you very much for supporting Warren Achievement Center.

Signature Printed Name on Bank Account Date Signed

Address City/State Zip

Phone Email Address (optional)

Type of Account:  Checking  Savings Date of Month Donation to be Charged:  5th  20th

Monthly Donation: \$ \_\_\_\_\_ Date to Begin Donations: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorization for Monthly Direct Payment to Warren Achievement Center**

I (we) authorize Warren Achievement Center, Inc. to initiate debit entries to my (our) account and financial institution listed below. I (we) also authorize Warren Achievement Center, Inc. to make deposits into this account in the event any debit entry is made in error. I (we) agree that ACH transactions authorized herein shall comply with all applicable law.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Please apply my donation as follows:

Building Campaign \$ \_\_\_\_\_

Other (please specify) \$ \_\_\_\_\_ for \_\_\_\_\_

I (we) understand that should the regularly scheduled date fall on a weekend or Federal holiday, the charge shall occur on the following banking date. This authority shall remain in effect until Warren Achievement Center, Inc. has received written notification from me (us) of its termination in such a time and in such a manner as to afford Warren Achievement Center, Inc. a reasonable opportunity to act on it.