

# DIRECT PAYMENT ENROLLMENT FORM



*Building partnerships to meet the needs of people*

**COMPANY NAME:** H.E.L.P. In Charlotte County Inc.

I authorize the above named company to debit my:

- Checking Account (attach a voided check)**

Financial Institution Name: \_\_\_\_\_

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

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

**OR**

- Savings Account**

Financial Institution Name: \_\_\_\_\_

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

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

\$ \_\_\_\_\_ MONTHLY    \$ \_\_\_\_\_ ANNUAL    \$ \_\_\_\_\_ ONE TIME

To be withdrawn on the:  5<sup>th</sup> or the  22<sup>nd</sup> of each month

For my donation with H.E.L.P. In Charlotte County Inc.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until H.E.L.P. In Charlotte County Inc. has received notice from me in writing.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.*

**\*\*PLEASE ATTACH A VOIDED CHECK\*\***

