HAITIAN CHRISTIAN MISSION

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

*I (We) authorize **Haitian Christian Mission** to initiate withdrawals from the checking account indicated below on the **17th of each month** in the amount of $_____.*

Financial Institution Name (Please print) _____

Account Number _____ Routing Number _____

Financial Institution City and State _____

Designation:

❑ Sponsored child(ren) _____ $ _____ /month
Child number & name

_____ $ _____ /month
Child number & name

❑ General Fund $ _____ /month

❑ Specific purpose _____ $ _____ /month

TOTAL **$ _____ /month**

I understand this authorization will remain in effect until I give written notice that it should be modified or terminated.

Your Name(s) _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Signature _____ Date _____

Please staple voided check here.

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