

A ROCHA USA INC.
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please print, fill in and mail to:
A Rocha USA / PO Box 1338 / Fredericksburg, TX 78624
Questions: Please contact us at usa@arocha.org / (830) 522-5319

Consumer Name(s):

Address:

City: State: Zip:

Phone:

Email:

Amount: \$ Monthly / Quarterly (circle one)

Donation Designation:

Start Date (Month & Year):

I (We) hereby authorize A Rocha USA, Inc., hereinafter called Company, to initiate debit entries on the 10th of the month to my (our) Checking account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:

Branch Address:

City: State: Zip:

Transit/ABA No.:

Account No.:

This authorization is to remain in full force and effect until Company and Depository has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Company and Depository a reasonable opportunity to act on it.

Consumer Name(s):

Date:

Signed _____ Signed _____