



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT**

Please print, fill in and mail your gift to:  
**A Rocha USA | PO Box 223 | Wheaton, IL 60187**

Your Name(s):

Address:

City/State/Zip:

Phone:

Email:

Start Date:

**Gift Amount:** \$ \_\_\_\_\_

**Occurrence**

- One-time
- Monthly
- Annually
- Other (please specify): \_\_\_\_\_

**Gift Designation**

- Where need is greatest
- Other (please specify): \_\_\_\_\_

**I authorize direct payment from my/our bank account**

I/we hereby authorize A Rocha USA (Organization) to initiate debit entries to my/our checking account indicated below and the bank named below, (BANK), to debit the same to such account.

I/we acknowledge that the origination of ACH transactions to this account must comply with provisions of US law. This authority is to remain in full force and effect until A Rocha USA and BANK have received written notification from me/us of its termination in such time and in such manner as to afford A Rocha USA and BANK a reasonable opportunity to act upon it.

Name(s) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed (as needed) \_\_\_\_\_ Date \_\_\_\_\_

Bank Name:

Bank Address:

City: State: Zip:

Transit/Routing/ABA No:

Account No:

**Thank you for partnering with A Rocha USA!**

Questions? Email us at [usa.accounts@arocha.org](mailto:usa.accounts@arocha.org) or call (830) 522-5319

**Physical Address**

A Rocha USA, Inc.  
131 East Main Street, Suite 205  
Fredericksburg, TX 78624

**Mailing Address**

A Rocha USA, Inc.  
PO Box 223  
Wheaton, IL 60187