



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: _____

Gift Amount: \$ _____

Occurrence

- One-time
- Monthly*
- Annually*
- Other (please specify)*: _____

*Start Date if recurring): _____

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 _____

Please complete bank information below, or simply enclose a voided check.

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Transit/Routing/ABA No: _____

Account No: _____

Thank you for partnering with A Rocha USA!

Questions? Please contact us at the email or phone number below.

A Rocha USA | PO Box 233 Wheaton, IL 60187 | 830.522.5319 | usa@arocha.org

A Rocha is a 501(c)(3) nonprofit organization. All donations are fully tax-deductible, as allowed by law.