



ACH Authorization Form

Name:

Social Security Number:

I hereby authorize the Children's Forum, Inc. to initiate my:

debits/drafts

credits/payments

checking account

savings account

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit and/or debit my account for the correcting entries.

I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION

Name of Bank

City/State

Bank Routing Number

Account Name

Account Number

This authority will remain in effect in full force and effect until the Children's Forum, Inc. has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of Account Owner _____

Date

***Please attach a voided check with this completed form.**

FOR OFFICE USE ONLY:

The information provided on this form has been verified by a Children's Forum employee/supervisor/grant manager.

Children's Forum staff - printed name

Children's Forum staff signature