



## Authorization for Direct Giving

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

### Please explain how you wish your donation to be used:

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

### Scheduled ACH date:

10th of the month   or    25th of the month

*If a date is not indicated, the 25th of the month will be selected for you.*

*I authorize Children's Relief International to withdraw from my bank account the above amount on the scheduled date as indicated.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Enclose a voided check or your account info:

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

### Please email to:

finance@childrensrelief.org or mail to the address below.

Children's Relief International

P.O. Box 2470

Rockwall, Texas 75087

### Important Notice:

To cancel this recurring ACH, a notice of at least five (5) business days prior to the next withdrawal is required.