



Automatic Monthly Donations ACH Collections Form

Donor Name: _____

Checking Account Number: _____

Routing Number: _____

Amount of Monthly Donation: _____

Date of the Month to Collect: _____

Many donors choose the 1st or 15th of the month but any date is acceptable.

Date of First Collection: _____

I authorize Iskashitaa Refugee Network to establish ACH collections as specified above on a recurring monthly basis until further notice. I understand that I may contact Iskashitaa at any time to adjust or terminate this recurring donation.

Donor Signature: _____

Date: _____

Please email/mail this form to: information@iskashitaa.org; 1406 E. Grant Road, Tucson, AZ 85719