



*Jews, Christians, Muslims  
Uniting to serve the poor*

## DIRECT DEBIT AUTHORIZATION FORM

For recurring monthly donations to:

### ABRAHAMIC ALLIANCE INTERNATIONAL

<b>FOR OFFICE USE ONLY</b>	<b>DONOR #</b>	<b>DATE</b>
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State      Zip
Email Address		
Alternate Email Address		
Daytime Phone		Evening Phone
Please debit my donation from my (check one):		Routing Number: _____
<input type="checkbox"/> Checking Account (attach a voided check)		<b>Valid Routing # must start with 0, 1, 2, or 3</b>
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
		<small>           ⑆ 23456789 ⑆ 23 23456 ⑆ 000 ⑆            Routing Number      Account Number      Check Number         </small>
Date of first donation: ____/____/____	Frequency of donation: <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	Amount: \$ _____
<b>AGREEMENT</b>		
I authorize Abrahamic Alliance International and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I notify Abrahamic Alliance International to terminate the authorization.		
Authorized Signature: _____		Date: _____

