



217-337-2731

1309 West Hill Street, Urbana, IL 61801

[www.crisisnursery.net](http://www.crisisnursery.net)

### Authorization Agreement for Authorized Deposits (ACH Credits)

Date Authorized \_\_\_\_\_ Date Effective \_\_\_\_\_

I hereby authorize Crisis Nursery to initiate credit entries for \$\_\_\_\_\_. And to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such amount.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Depository Account Type (circle one):      Checking      Savings

Check here if this is a recurring donation.

Please make my donation (circle one):      Monthly      Quarterly      Annually

Please process my donation on this date every month (circle one):      1st      15th

This authority is to remain in full force and effect until Crisis Nursery has received written notification from me of its termination in such time and in such manner as to afford Crisis Nursery and DEPOSITORY a reasonable opportunity to act on it.

NAME (please print) \_\_\_\_\_ Signature \_\_\_\_\_

NAME (please print) \_\_\_\_\_ Signature \_\_\_\_\_