





Credit/Debit Authorization Form

Authorization Agreement for Direct Deposit/Payment

I (we) hereby authorize **New Day Orphanage** ("COMPANY") to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Receiver Name(s)	
Financial Institution	
Routing Number (Look between these symbols   on the bottom left of the check)	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount (Specific or Variable Range)	

Receiver Signature _____ Date _____

★ Please return to:

New Day Orphanage
PO Box 1452
Granbury, TX 76048

with a voided check. Please specify the 1st, 2nd, 3rd, or 4th

Friday of the month Revised 8/12/2011
for your draft.