



Helps Ministries

PO BOX 6449, ASHEVILLE, NC 28816 • PHONE 828-277-3812 • FAX 828-274-7770 • WWW.HELPSMINISTRIES.ORG

AUTHORIZATION FOR DIRECT DONATIONS (ACH DEBIT)

Monthly ACH Debit is a service in which your donations are withdrawn electronically from your checking or savings account every month. There is no cost to use this service, and all account information is kept strictly confidential.

Type of action (please check one): ☐ New ☐ Change ☐ Cancel

Donor Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

MONTHLY DONATION(S):

Starting on: ☐ 10th ☐ 25th of month/year: _____ Ending on: ☐ Until Notice ☐ Specified Date: _____

Fund / Purpose: _____ Amount: \$ _____

Fund / Purpose: _____ Amount: \$ _____

Fund / Purpose: _____ Amount: \$ _____

Total equal recurring monthly donations of: \$ _____

ACCOUNT INFORMATION *(complete below or attach a voided check)*

Name on Account: _____

Institution Name: _____

Account Details: ☐ Checking ☐ Savings Routing #: _____ Account #: _____

Your financial institution's routing number can be found at the bottom of your check (enclosed between **⎈** symbols), along with your account number (followed by a **⎈** symbol).

AUTHORIZATION:

I hereby authorize Helps Ministries to initiate debit entries to my checking/savings account indicated at the financial institution named above, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I agree to contact Helps Ministries if the fund in the selected bank account are or will at any time be sources from financial agencies outside the territorial jurisdiction of the U.S. and provide additional information as requested. I understand that this authorization shall remain valid until it is terminated or revoked in writing, and agree to provide Helps Ministries with an updated Authorization Agreement for Direct Donations to make any changes to my donation amount, financial institution, routing and/or account number(s).

Printed Name: _____

Signature: _____ Date: _____

Please mail completed form to: **Helps Ministries, PO Box 6449, Asheville, NC 28816** or fax to: **828-274-7770**.
If you have any questions, please contact us at: **828-277-3812** or **connect@helpsministries.org**.