



Jews, Christians, Muslims
Uniting to serve the poor

DIRECT DEBIT AUTHORIZATION FORM

For recurring monthly donations to:

ABRAHAMIC ALLIANCE INTERNATIONAL

FOR OFFICE USE ONLY	DONOR #	DATE
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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)		Valid Routing # must start with 0, 1, 2, or 3
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Account Number: _____
Date of first donation: ____/____/____	Frequency of donation: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Amount: \$ _____
AGREEMENT		
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: _____

