

1771 John Dodd Road - Wellford, SC 29385 - 864.249.3532 - www.hoperemains.org

DEBIT AUTHORIZATION AGREEMENT

Company Name: HOPE REMAINS YOUTH RANCH, INC. DBA: HOPE REMAINS RANCH
I (we) hereby authorize HOPE REMAINS YOUTH RANCH, INC., hereinafter called COMPANY, to initiate debit entries to my (our):
Checking Account Savings Account (select one)
Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.
Depository (Bank) Name:
Branch:
City, State, Zip:
Routing Number:
Account Number:
Amount to be debited (if fixed amount) or specify limit: \$
Indicate Date of debit (if recurring): () 1st of month or () 15th of month
This authorization is to remain in full force and effect until HOPE REMAINS RANCH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HOPE REMAINS RANCH and DEPOSITORY a reasonable opportunity to act on it.
Customer Name (s):
(Please Print)
Date: Signature:

REMEMBER TO INCLUDE/ATTACH A 'VOIDED' CHECK WITH YOUR FORM.

THANK YOU FOR YOUR SUPPORT AND GENEROSITY