

Friends In Need Foundation

Post Office Box 56475 - Metairie, LA 70055 - 504.267.1908



Automatic Withdrawal Authorization Form

This Automatic Withdrawal Form authorizes Friends In Need (FIN) to withdraw donations directly from the donor's bank account.

Please complete all three sections.

Part 1: Donation to support Friends In Need's Mission

\$ _____ monthly

\$ _____ quarterly

\$ _____ annually

Tax deductibility of donations governed by applicable state and federal tax law. Donations to FIN are fully tax deductible by the donor to the extent permitted by law.

Part 2: Authorization for Automatic Withdrawal

Start Date: (mm/yy) ____/____ (withdrawals will be made on the first business day each month, each quarter or on your annual anniversary date)

Type of account: ____ Checking ____ Savings

Bank Name: _____

Routing # (9 Digits): _____

Account #: _____

Please attach a voided check to start automatic withdrawal from your checking account OR a deposit slip for a savings account.

Part 3: Contact Information

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request FIN to make withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by FIN to such account. This authorization will remain in effect until I revoke authorization by writing to FIN no later than 10 days prior to my scheduled debit.

SIGNATURE: _____ **DATE:** _____



Return to:
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