Direct Debit Form

Donor Information

Name _____

Address _____

Phone Number _____

Bank Information

Bank Name _____

Account Number _____

Amount of Monthly Gift _____

Date of Monthly Debit **1st of month** ☐ **15th of month** ☒

Please Attach Your Voided Check Here

I hereby authorize Emmanuel's Wish Foundation and the financial institution above to automatically withdraw my monthly gift from the specified account above. This authority will remain in effect until I give written notice to cancel it.

_____ _____

Authorized Signature **Date**