

Authorization for ACH

Name: _____

I hereby authorize _____
(Soul Food Café Mission*) to initiate credit and/ or debit entries to the checking and/or savings account indicated below and the depository named below, hereinafter called "Depository", to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States of America.

ACCOUNT INFORMATION

Bank Name: _____

Routing and Transit/ABA #: _____

Account #: _____

Account Type: Checking Savings

Amount: \$ _____

Preferred Monthly Transaction Day: 3rd 15th

This authority is to remain in full force and effect until Soul Food Café Mission has received written request of cancellation at least 10 days prior to the next scheduled transaction.

Name: _____

(Please Print)

Address: _____

Signature: _____ Date: _____

PLEASE ATTACHED A VOIDED CHECK TO THIS FORM

For a one-time donation or to use a credit card, please visit our website at www.soulfoodcafemission.org.

*Soul Food Café Mission is established as a Non-Profit Organization, therefore all donors will receive a tax receipt.