

# Direct Debit Donation Enrollment Form

Please complete this form to set up your pre-authorized direct debit donation. Once filled, print, sign, and mail this form to our administration office.

## 1. Donor Information

Full Name:

Street Address:

City, State, and ZIP Code:

Phone Number:

Email Address:

## 2. Donation Details

Donation Amount (\$):

Frequency (e.g., Monthly, Quarterly, Annually):

Preferred Start Date (DD/MM/YYYY):

## 3. Bank Account Details

Bank Name:

Account Holder Name:

Routing / Sort Code (9 Digits):

Account Number:

## 4. Authorization and Signature

I hereby authorize the organization to initiate debit entries from my account specified above. This authorization remains in effect until I notify the organization in writing of its cancellation.

Authorized Signature: \_\_\_\_\_

Date of Signature (DD/MM/YYYY):