



Shelter the Homeless International Projects

## Authorization Agreement for Automatic Debits of Donations

Organization Name: **Shelter the Homeless International Projects**

Organization ID Number: 77-0649102

Your Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Financial Institution:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I (We) would like to give monthly to SHIP in the amount of \$ \_\_\_\_\_.

Please make transfers on the 3<sup>rd</sup> \_\_\_\_\_ or 15<sup>th</sup> \_\_\_\_\_ of each month, beginning (month/year): \_\_\_\_\_ / \_\_\_\_\_.

I (We) hereby authorize Shelter the Homeless International Projects to initiate debit entries to my (our) \_\_\_\_\_ Checking Account/ \_\_\_\_\_ Savings Account (*select one*) indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I also authorize Shelter the Homeless International Projects to initiate credit entries to my (our) \_\_\_\_\_ Checking Account/ \_\_\_\_\_ Savings Account (*select one*) indicated above at the depository named above, in order to correct any errors which might occur in debiting my (our) account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This Authorization is to remain in full force and effect until Shelter the Homeless International Projects receives written notification from me (or either of us) of its termination in such time and in such manner as to afford The Bank and Trust B/CS and depository a reasonable opportunity to act on it.

\_\_\_\_ Apply \$ \_\_\_\_\_ of my monthly contribution to send \_\_\_\_\_ (student's name) to university in El Salvador. (To send one student to university in El Salvador, the cost is \$135 per month.)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.**

Please return this signed and dated form, along with a copy of your voided check, to SHIP at:  
P.O. Box 3003, Bryan, TX 77805.3003.

Website: [www.shipinternational.org](http://www.shipinternational.org)  
Email: [contact@shipinternational.org](mailto:contact@shipinternational.org)  
Phone: 979.260.7447; Fax: 979.260.8589

Thank you for prayerfully supporting SHIP.