

ACH COLLECTION ENROLLMENT FORM

To begin making automated payments from your bank or credit union savings or checking account, simply fill out this form and send it to the business office of the Mount Dora Children’s Home: 301 W. 13th Avenue, Mount Dora, FL 32757. Attach a voided check for each checking account – **not a deposit slip**. If we are drafting from a savings account, ask your bank to give you the Routing/Transit Number for your account. It usually is not the number printed on the savings deposit slip. This will help ensure that your payments are collected correctly. Your name must be on the bank account from which the ACH is drafted.

Important! Please read and sign before completing and submitting.

I hereby authorize Mount Dora Children’s Home (hereinafter “MDCH”) to draft amounts owed by me by initiating ACH entries to my account(s) at the financial institution(s) (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept any debit entries indicated by MDCH from my accounts. In the event that MDCH collects funds erroneously from my account, I authorize MDCH to credit my account for an amount equal to the erroneous debit.

This authorization is to remain in full force and effect until MDCH and Bank have received written notice from me of its termination in such time and in such manner as to afford MDCH and Bank reasonable opportunity to act on it.

Printed Name: _____

Signature: _____ Date: _____

Check one: I prefer monthly () or annual () acknowledgement letters from MDCH

Account Information

You must indicate what kind of account we are drafting your payment from:

___ Checking ___ Savings

Bank Name/City/State: _____

Routing /Transit #: _____ Account Number: _____

Name(s) on Bank account as shown on preprinted voided check attached: _____

Amount of Contribution: _____

Date to process contribution: _____ 5th _____ 15th _____ 20th