


DIRECT DEBIT AGREEMENT FORM




 Please complete this form and mail to:

Safe Places Business Office
 2607 Lehigh Drive
 Little Rock, AR 72204


I believe in **Safe Places** and in a safe world for every child victim of sexual abuse, exposure to family violence, dating violence, internet violence, exploitation and trafficking.

I want to participate in

 *Sprouts: A Campaign for Growing Safe Children* 

 Please set up a monthly debit from my bank account for the following amount: \$ _____.
 (\$10 minimum for direct debits)


Name: _____
 (Please print legibly)

 **FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution: _____ Routing Number: _____

Account Number: _____ Checking: Savings:

City: _____ State: _____ Zip Code: _____

 **AUTHORIZATION**

I hereby authorize **Safe Places: The Center for Healing and Hope, Inc.** to initiate direct debit entries to my checking or savings account in the amount indicated above and the Financial Institution above to post to the same account.


This authorization is to remain in force until **Safe Places** receives written notice of cancellation from me (see below). This notice of cancellation must be received at least 30 days prior to cancellation and in such manner as to afford **Safe Places** reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by **Safe Places** prior to the receipt of the notice of cancellation.

I further authorize **Safe Places** to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as not or hereafter in effect.

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK.

 **CANCELLATION**

I hereby cancel authorization for **Safe Places** to originate debit entries to my checking/savings account indicated above, effective on ____ / ____ / ____.

SIGNATURE: _____ DATE: _____