



Nehemiah Community Development Corporation

AUTHORIZATION FOR AUTOMATED PAYMENT (ACH/EFT DEBIT)

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE _____ E-MAIL _____

Action Requested:

- New Enrollment
- Change Amount
- Discontinue
- Change Bank and/or Account

I hereby authorize the Nehemiah Community Development Corporation or its agents to initiate ongoing debit entries (charges) to my:

_____ Checking _____ Savings account (voided check or deposit slip enclosed)

Monthly Amount: \$ _____

Effective Date _____

_____ Once per month on the 5th or _____ on the 20th of the month

Please apply my donations:

_____ As Needed

_____ A Specific Program _____

_____ A Specific Employee _____

This authority is to remain in effect until the Nehemiah Community Development Corporation receives reasonable notification from me of its termination.

SIGNATURE: _____ DATE: _____

→ Please return this form along with a voided check (deposit slip for savings accounts) to:

Nehemiah Community Development Corporation
PO Box 259861
Madison, WI 53725-9861