



**ACH Authorization Agreement
Direct Payments**

KIDS HURT, WE HEAL, YOU HELP

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company: **New Pathways For Children**

Company ID Number: **61-1297776**

I (we) hereby authorize **New Pathways For Children**, hereinafter called COMPANY, to initiate Debit Entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Name of Your Bank)

Bank Name: _____

Branch: _____ City: _____ State: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

AMOUNT \$ _____

The debit to my (our) Checking Account will be on the: (Check one) 5th - 20th of EACH month.

Name(s): _____ Fed ID Number: _____
(If applicable)

Signature: _____ Date: _____

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 ----- VOIDED -----
CHECK TO THIS AUTHORIZATION**

New Pathways For Children will return your voided check along with a copy of this authorization.