



Preventing and ending homelessness in Clark County

DONOR AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

I authorize the Council for the Homeless to electronically debit my account as follows:

_____ **Checking Account** _____ **Savings Account** **(check one)**

Financial Institution _____

Routing Number _____

Account Number _____

Or attach voided check

This is a one-time donation of \$ _____

This is a recurring monthly donation of \$ _____ to take place on the **(check one)**

_____ 1st of each month

OR

_____ 15th of each month

Beginning in (month, year) _____

I understand this authorization will remain in effect until I notify the Council for the Homeless in writing at 2500 Main Street, Vancouver, WA 98660 that I wish to cancel this authorization. I understand the Council for the Homeless needs five business days to cancel the authorization.

Signature _____

Name (printed) _____

Date _____

The Council for the Homeless is a 501c3 organization. Tax ID#91-2001828
Administrative office and mailing address: 2500 Main Street, Vancouver, WA 98660
Phone: 360-993-9561