



Youth For Christ of Northwest Ohio, Inc.
10111 W. US Rt. 224
Findlay, OH 45840
Ph. 419-422-7452
Email: findlayyfc@gmail.com

**AUTHORIZATION AGREEMENT FOR
DIRECT WITHDRAWALS
(ACH DEBITS)**

I (we) hereby authorize **Youth For Christ of Northwest Ohio, Inc.** to deduct my (our) Contribution from our account indicated below directly into Youth for Christ's account. You can determine your Contribution amount and withdrawal frequency. Fifth Third Bank will administer our direct debit program. Each month your bank statement will show the amount withdrawn from your account.

This authorization is to remain in full force and effect until YFC has received written notification from me (us) of its termination in such time and manner as to afford YFC and Fifth Third Bank reasonable opportunity to act on it. Please send completed form and any written notification to:

Youth For Christ, Attn: Don Leader, 10111 US Rt. 224 W., Findlay, OH 45840.

Name(s) on Acct: _____

Your Address: _____

Your Phone No: _____

Amount of Contribution: _____

Your Bank Name: _____

_____**monthly (1st or 15th of each month)**
_____**(1st of each month)**
or ____**(15th of each month)**

City/State: _____

Routing No: _____

Begin withdraw on the date below:

Acct. No: _____

date for withdraw to begin

This account is a: ____Checking or ____Savings

Please credit this support to the work of:

* Please attach a voided check for verification.

(name of school or staff person)

Signed: _____

Date: _____

**A copy of this information will be returned to you
as our verification of receipt as well as for your records.**