ACH Authorization Form

Thank you for your faithful generosity to the ministry of Children's Hunger Fund. Please complete this form and mail to: **Children's Hunger Fund, 13931 Balboa Blvd., Sylmar, CA 91342.**

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Bank Name	Bank Routing Number
Bank Address	Account Number
Bank City, State, Zip	Account Type (check one) ☐ Checking ☐ Savings
Donation Amount	Day of Month to Withdraw (check one) ☐ 7th ☐ 15th ☐ 22nd

The routing/account numbers are located at the bottom of your check: ⑆ 123456789 ⑆ 1234567890123 ⑈
Routing Number Account Number

I hereby authorize Children's Hunger Fund to initiate a monthly withdraw from my checking/savings accounts at the financial institution listed above. This authority will remain in effect until Children's Hunger Fund is notified by me in writing to cancel it. To update or cancel your ACH withdrawal, please email us at DonorCare@ChildrensHungerFund.Org.

Name (print) _____ Date_____

Signature_____

HEADQUARTERS LOS ANGELES
13931 Balboa Blvd.
Sylmar, CA 91342
p: 818.979.7100
f: 818.979.7101

SAN ANTONIO
4940 Eisenhauer Rd.
Suite 146
San Antonio, TX 78218
p: 210.395.4200
f: 210.395.4209

DALLAS
16005 Gateway Drive
Suite 200
Frisco, TX 75033
p: 972.850.5607
f: 972.850.5610

POVERTY ENCOUNTER
13931 Balboa Blvd.
Sylmar, CA 91342
p: 818.979.7090
f: 818.979.7101
povertyencounter.org