



## ACH Authorization Form

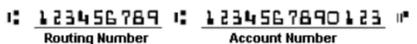
Thank you for your faithful generosity to the ministry of Children's Hunger Fund. Please complete this form and mail to: **Children's Hunger Fund, P.O. Box 104556, Pasadena, CA 91189-4556.**

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

|                       |   |
|-----------------------|---|
| Bank Name             | Bank Routing Number   |
| Bank Address          | Account Number  |
| Bank City, State, Zip | Account Type (check one)<br><div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Checking                      <input type="checkbox"/> Savings         </div>   |
| Donation Amount       | Day of Month to Withdraw (check one)<br><div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> 7<sup>th</sup>              <input type="checkbox"/> 15<sup>th</sup>              <input type="checkbox"/> 22<sup>nd</sup> </div> |

The routing/account numbers are located at the bottom of your check: 

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](mailto: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 Eisenhower 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