



Direct Payment Authorization Agreement

Make a one-time or recurring donation to **The Bridge Youth Center** via direct transfer of funds from your bank account. Please fill out this form and mail to The Bridge Youth Center.

Bank/Financial
Institution
Information

Bank Name _____
and Address _____

Bank Routing # _____

Account # _____ Checking _____ Savings _____

Attachment

Please attach a **voided** check from the account named above.

Donation

____ Monthly Donation of \$ _____

____ One-time Donation of \$ _____

New
Authorization
Statement

I authorize **The Bridge Youth Center** named above to initiate debit entries to my account indicated above at the financial institution named above for the purpose of making recurring payments. This authorization is to remain in full force and effect until **The Bridge Youth Center** has received written notification from me of its termination in such time and in such manner as to allow **The Bridge Youth Center** a reasonable time to act upon it.

Name _____
(please print)

Signature _____ Date _____
