



PO Box 1003
Milford, IA 51351
712-338-3333
www.cherishcenter.org

ACH Authorization Form

Yes, I would like to have my monthly gift automatically deducted from my account. As the account holder, I hereby authorize this account to be used for this monthly donation.

Bank Information:

BANK NAME _____ BRANCH _____

CITY _____ STATE _____

TRANSIT/ROUTING NUMBER _____

ACCOUNT NUMBER _____

Type of Account: CHECKING SAVINGS Beginning Date _____ 20, 20____
(month)

Amount: _____ Recurring on the 20th of every month

Account Holder Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Signature

Date

Please notify Cherish Center at the address or phone number above if you would like to discontinue the ACH transfer option at any time.