



Children's Home Society  
OF NORTH CAROLINA

## Recurring Gift Authorization Form

### Donor Information

Name

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ -  
Telephone Number

### Gift Information

I would like to contribute \_\_\_\_\_ each month to Children's Home Society.  
Amount

Please draft this contribution from the bank account below on or about the

first day of each calendar month  the fifteenth (15th) day of each calendar month

Please continue to draft this contribution each month

until I notify you to stop  after \_\_\_\_\_ months  through \_\_\_\_\_ Date  
Number of months

I am making this gift  in honor of  in memory of

Name

Please notify the following of this contribution:

Name

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Payment Authorization

I hereby authorize Children's Home Society of North Carolina, Inc. ("CHS") to initiate debit entries to the  
 Checking Account or  Savings Account

below for this gift. I understand necessary corrections may result in adjustments (debits or credits) to this account. I authorize the Bank named below to debit and/or credit these entries to this account.

Bank Name

Bank City \_\_\_\_\_ State \_\_\_\_\_

Transit/ABA/Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in effect until I cancel it by notifying CHS in writing. I understand that it will take at least ten (10) business days after its receipt by CHS to implement this authorization or any changes to this authorization or the cancellation of this authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check for checking account or deposit slip for savings account**

Return to: **Children's Home Society of North Carolina, Inc.**  
PO Box 14608 Greensboro, NC 27415-4608  
Voice: (336) 274-1538 Fax: (336) 274-7347