



Adult & Teen Challenge of Kentucky
ACH AUTHORIZATION FORM

This form **MUST** be accompanied by a **Voided Check or Bank Letter**

☐ Start Donation/Payment ☐ Stop Donation/Payment ☐ Change Donation/Payment

1

Donor Information: Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

2

Bank Account Information: Checking Account ☐ Savings Account ☐

Routing # (9 digits) _____ Account # _____

3

Donation Details:

<input type="checkbox"/> One-time Payment	<input type="checkbox"/> Recurring Payment
Payment Amount: \$ _____	Payment Amount: \$ _____
Desired Date of Payment: _____	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	Day of Month: <input type="checkbox"/> 1st <input type="checkbox"/> 15 th
	Starting Date: _____
	Ending Date (if applicable): _____

4

Designation:

☐ Priscilla's Place

☐ Chad's Hope

5

Authorization:

_____ (hereinafter referred to as Donor) authorizes Adult & Teen Challenge of Kentucky (ATC-KY) or its designated assignee, to initiate ACH transfer entries and to credit and/or debit the account identified herein for the above stated charitable donations/ payments to support the programs of ATC-KY. This authorization shall remain in effect unless and until ATC-KY has received written notification from Donor that this authorization has been terminated in such time and manner to allow ATC-KY to act. Undersigned represents and warrants to ATC-KY that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature

Printed Name

Date

Call (502) 561-2131 if you need assistance with this form.