

**Permission for Youth for Christ Columbus, Inc**  
2809 13<sup>th</sup> Street, Columbus, NE 68601 402-564-3700

**Automatic Donor Deposit**

**(Consumer Authorization for Direct Deposit via ACH)**

I authorize Youth for Christ Columbus, Inc to electronically debit my bank account for my monthly tax-deductible donation on the 15<sup>th</sup> of each month. I understand that I may at any time contact YFC in writing to discontinue or change my giving.

Beginning Month and Year \_\_\_\_\_  
(or date of change on service)

Your Bank name and Address: \_\_\_\_\_  
\_\_\_\_\_

Your ABA Routing Number \_\_\_\_\_  
(9 digit number in lower left hand corner of check)

Your Account Number \_\_\_\_\_  
Checking \_\_\_ Savings \_\_\_

Amount of monthly donation \$ \_\_\_\_\_

Your printed legal name \_\_\_\_\_  
(First) (Middle Initial) (Last Name)

Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

(Optional: Attached Voided Check)

*Thank you for making a difference in the life of a child*