I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.	
Name:	
Address:	
City:	State: Zip:
Phone: () Email: _	
PLEASE MAKE YOUR FIRST GIFT USIN WOULD LIKE US TO CONTINUE TO DE	G A CHECK FROM THE ACCOUNT YOU BIT ON THE 15 TH OF EACH MONTH.
Your Bank:	Monthly amount to withdraw: \$
Transit/Routing number:	Account Number:
Your Signature:	

I authorize Mother Teresa House to automatically debit my account on the 15th of each month.