



I want to support Compasio through monthly donations!

AUTHORIZATION AGREEMENT FOR ACH Payments

(I/we) hereby authorize Compasio Relief & Development USA to initiate recurring debit entries to (my/our) **Checking Account** / **Savings Account** (please check one) as indicated below as the “depository financial institution”, hereafter named “Financial Institution”.

(I/we) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. law.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Your Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Acct. Number: _____

Payment Amount: \$ _____

Payment Start Date: _____

Number of Payments: _____ or **continuous**

This authorization is to remain in full force and effect until Compasio Relief & Development USA has received written notification from me of its termination in such time and in such manner as to afford both Compasio Relief & Development USA and your Financial Institution a reasonable opportunity to act on it.

Your Name(s): _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Telephone: _____ **Email:** _____

Signature(s): _____ **Date:** _____

Please remember to include a copy of your VOID check.



Contact information

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