



Relief for Human Need Worldwide

601 W Phillip, PO Box 1466 Norfolk, NE 68702
402-371-7393 or 877-371-7393

Debit Authorization

I (we) hereby authorize Orphan Grain Train Inc. hereinafter called COMPANY, to initiate debit entry to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for donations. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

Frequency- ___ Monthly ___ Quarterly (Mar,June,Sept,Dec) ___ Annually

Start Date _____(Month) Date of Debit ___15th or ___30th

Donation to be given to: \$ _____ unrestricted (general fund)
\$ _____ restricted - Name of Fund _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature) (Date)

(Address) (City, State, Zip)

(Phone Number) (xxx) xxx-xxxx (Email Address)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!