



**AUTHORIZATION AGREEMENT FOR MONTHLY ELECTONIC PAYMENTS
HILDEGARD HOUSE, INCORPORATED**

Name _____

Address _____ City/State/Zip _____

Phone _____ email _____

I, _____, hereby authorize Hildegard House, Incorporated, to initiate debit entries to the bank account listed below. This authority is to remain in full force and effect until Hildegard House has received written notification from me of its termination in such time and such manner as to afford a reasonable opportunity to act on it.

Your bank name

Bank routing number

Bank account number

Is this **checking** account or **savings** account? **Please circle one.**

\$ _____ Authorized amount of your donation to Hildegard House.

Please attach a voided check (no deposit tickets)

Donor signature

Date

*Attach voided check and mail to
Hildegard House, PO Box 5613, Louisville, KY 40255
For more information call Karen Cassidy at 797-7411*

Hildegard House maintains the highest level of respect for the privacy of our donors. We do NOT sell, trade, rent or share our donor list with any other organizations.

If you have questions about giving, contact kcassidy@hildegardhouse.org