

**AUTHORIZATION TO HONOR DIRECT ACH DEBITS DRAWN BY**



**New Beginnings Are Possible, Inc.**  
3717 West Fond du Lac Avenue  
Milwaukee, WI 53216

**INSTRUCTIONS**

1. Complete all parts of this form.
2. Execute all signatures where indicated.
3. **IMPORTANT:** Attach voided check from checking account
4. Return completed form to **Jeff Becton** at New Beginnings Are Possible, Inc.

**ACCOUNT HOLDER INFORMATION**

**Account Holder Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Checking:** \_\_\_\_ **Savings:** \_\_\_\_

YES, as a convenience to me I authorize *New Beginnings Are Possible, Inc.* to charge my bank account via Electronic Funds Transfer each month the agreed upon amount on the date shown below. I agree you shall be fully protected in honoring each such debt entry.

**Please transfer my gift of \$ \_\_\_\_\_ (min \$20.00) automatically on the 5<sup>th</sup> of each month.**

**Month to begin:** \_\_\_\_\_, 201\_

This authorization shall remain in effect until revoked by me in writing.

\_\_\_\_\_  
*Signature of Account Holder(s)* **Date:** \_\_\_\_\_