



P.O. Box 701143 Tulsa, OK 74170

### Authorization Form - ACH Recurring Payments (Donations)

Schedule your donation to be automatically deducted from your checking or savings account. PLEASE complete and sign this form to get started!

#### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your DONATION is always on time (even if you're out of town)
- Blessings of Joy, Inc is a 501(c)(3) charitable organization

#### Here's How Recurring Donations Work:

You authorize regularly scheduled debits from your checking or savings account. Your account will be debited the amount indicated below each billing period. An annual statement will be sent to you and the debit will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the following information:** I authorize **Blessings of Joy, Inc** to DEBIT my bank account for \$ \_\_\_\_\_ on the 17<sup>th</sup> of each month, for my tax deductible donation toward the **SPONSORSHIP** of one or more children and/or funding towards one or more of the areas on the Donation Options page. This ACH draw will include \$ \_\_\_\_\_ for Children Sponsorship, \$ \_\_\_\_\_ for \_\_\_\_\_, \$ \_\_\_\_\_ for \_\_\_\_\_, etc. (See page two for donation options)

**DONOR'S NAME** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
**Phone#** \_\_\_\_\_

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	TOTAL DEBIT AMOUNT: \$ _____
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Blessings of Joy, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Blessings of Joy, Inc** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

**QUESTIONS or CONCERNS: Contact Corwin Rose (BOJ Treasurer/ACH Manager) - (918) 499-0221**

The following Donation options are available. Please consider donating to one or more.

**Suggested Donation**

- \$35/Month  SPONSORED CHILDREN FUND (\$30 Sponsorship + \$5 Special Needs)
- \$60/Month  SPONSORED HIGH SCHOOL STUDENTS FUND (\$37 Sponsorship +\$23 special needs)
- \$65/Month  SPONSORED COLLEGE/TRADE SCHOOL STUDENTS FUND (\$40 sponsorship + \$25 special needs)
- \$120/Month  SALARIES FUND (Paid 12 months/year)
- \$35/Month  SCHOOL SUPPLIES FUND
- \$25/Month  NUTRITION/HYGIENE FUND (daily lunch for 10 children/school year)
- \$35/Month  BUILDING MAINTENANCE/NEW CONSTRUCTION FUND (please designate)
- \_\_\_\_\_  SHOES FUND (\$17/Pair)
- \_\_\_\_\_  SPECIAL NEEDS FUND (Mosquito nets, bedding, clothing, etc.)
- \_\_\_\_\_  GENERAL FUND (please designate whether monthly or one-time)
- \$35/Month  GOSPEL MISSION OUTREACH FUND

**Make CHECKS payable to: Blessings of Joy, Inc  
P.O. Box 701143  
Tulsa, OK 74170**

**NAME of DONOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_