AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Triangle Family Services

I (we) hereby authorize **Triangle Family Services**, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ **Checking Account** / ☐ **Savings Account (please select one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Your financial institution)

Name _____ Branch_____

City _____ State _____ Zip _____

Financial Institution Routing Number _____ **Your Account Number** _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ **Signature** _____

ATTACH VOIDED CHECK and Triangle Family Services Pledge Form. Mail to:
Triangle Family Services
Development Office
118 St. Mary's Street
Raleigh, NC 27605