

IIN: _____



Yes, I want to support International Orphan Aid and Bykota House! Please debit my chosen account on a monthly basis.

I hereby authorize International Orphan Aid to initiate debit entries to my/our Checking Account or Savings Account as indicated and to debit the same to such account. I/We acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in effect until International Orphan Aid has received written notification from me (or either of us) of its termination in such time and in such manner as to afford International Orphan Aid and The Bank a reasonable opportunity to act on it.

Printed Name _____

Signature _____ Date _____

Date of Withdrawal _____ Amount of Withdrawal _____ Initial _____

We ask you include a check for your first month's donation.

Mail to: International Orphan Aid
PO Box 535
Carthage, MO 64836