



E-Check Payment Authorization Form

Date: _____

I, _____ authorize SHARE International, to charge my bank account listed below for the amount of \$_____

- One Time only
- Monthly
- Monthly, ending on _____(end date)
- _____ times per Month
- Once per Year

Bank Name _____

Name on Account _____

ABA Routing Number _____

Account Number _____

Account Type

- Checking
- Savings
- Business Checking

Donation Type _____ (General Fund, Syeda Sakina Fund, 1000 Families Support, etc)

This payment authorization is valid and to remain in effect unless I, _____ notify SHARE International of its cancellation by sending written notice to info@shareglobalcharity.org or by calling 248-75-SHARE.

Customer Name Printed

Customer Signature

Date