



ACH DEBIT

Foundation For The Nations USA

I/We hereby authorize **FFTN USA** to electronically debit my/our account

(and, if necessary, electronically credit my/our account to correct erroneous debit) for (select one):

a single (one-time) entry			
subsequent entries (initiated under the terms of this standing authorization) that require my affirmative action to initiate those future entries as follows:			
Checking Account		Savings Account	<i>I acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law at the depository financial institution named below ("DEPOSITORY"). I/We agree that ACH transactions I/we authorize comply with all applicable law.</i>
Depository Name:		Routing Number:	Account Number:
Amount:		ACH Authorization Start Date:	

This authorization is to remain in full force and effect until FFTN has received written notification from me at the address listed below, or by email at the address listed below, of its termination in such time and in such manner as to afford FFTN and DEPOSITORY a reasonable opportunity to act on it.

Your Name(s):	Billing Address:	Email Address:
		Tel:
Date:	Signature(s):	
	<i>(Type your name above in order to authorize this form)</i>	

*please enter amount when selecting one-time payment option

Website: www.ffttn.org | Email: Davids@ffttn.org | Tel: +303-807-2399