



Sponsorship Giving Form

Email us if you have any additional questions: info@championsinaction.org.

Please fill out this form, along with a voided check, and send to us at: **Champions in Action P.O. Box 898 Round Rock, Texas 78680**

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: Champions in Action, Inc.

Employer ID Number: 26-2815881

I (We) herby authorize Champions in Action, Inc., hereinafter called CHAMPIONS IN ACTION, to initiate debit entries to my (our) (Select One):

Checking Account

Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account as follows:

\$45/month

\$100/month

____ other (please state amount) to be entered on the

1st day of each month

15th day of each month

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Depository Name	Branch	
City	State	Zip
Checking/Savings Acct. Number	Routing Acct. Number	

Attached to this authorization is a cancelled check to be used for identification purposes.

This authorization is to remain in full force and effect for one (1) calendar year and after that until CHAMPIONS IN ACTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHAMPIONS IN ACTION and DEPOSITORY a reasonable opportunity to act on it, which shall in no event be less than 30 days written notice.

If the name on the account is in the name of two persons, both persons must sign below.

Name(s)	
Signature(s)	
Date	Phone Number
Email	Mailing Address