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2001 North Beauregard St. 12th Floor, Alexandria, VA 22311 703-684-7722 703-684-5968 (fax)

*Make a Real Difference With a Donation*

You can help relieve needless suffering and get effective mental health treatments to people who desperately need care by making a donation to the National Mental Health Association. Your gift will bring help and hope to people who have mental disorders as they recover their lives. And by choosing our direct debit giving option, NMHA can put more of your donation dollars to work by significantly reducing our fundraising costs. Plus, your donation is automatically paid from your bank account on an arranged, pre-scheduled basis, which is a hassle-free way for donors to maximize their contribution to NMHA.

DEBIT AUTHORIZATION AGREEMENT

By my signature, I hereby authorize National Mental Health Association, herein called the "Company", to initiate Automated Clearinghouse (ACH) DEBIT entries to my accounts indicated below at the depository financial institution, herein called "RDFI". This authorization also allows the Company and/or RDFI to make any necessary corrections and/or adjustments to the entries, including debits to my account.

All information provided by the donor to NMHA in this Agreement will remain strictly confidential and used only for the purposes stated in this Agreement. Unless NMHA is informed otherwise, the reoccurring debit will terminate as specified in this Agreement. Please mail this completed form along with a voided check to: National Mental Health Association, Inc., Attention Individual Giving, PO Box 16810, Alexandria, VA 22311.

*Donor Information*

Donor name: \_\_\_\_\_

Donor address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Donor e-mail: \_\_\_\_\_

As a supporter of the National Mental Health Association mission, I would prefer to receive regular information updates and other communication from the organization via:

\_\_\_\_ E-mail

\_\_\_\_ U.S. mail

All donations made to NMHA are 100 percent tax deductible as a charitable contribution as defined by IRS regulations. Individual giving reports will be presented to each donor detailing giving history and total contributions.

*Banking Information*

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

\_\_\_\_\_

Account name: \_\_\_\_\_

Account address: \_\_\_\_\_

\_\_\_\_\_

Routing number: \_\_\_\_\_

Tax ID/Social Security number: \_\_\_\_\_

Checking account number: \_\_\_\_\_

I hereby authorize the National Mental Health Association to debit the above bank account as follows:

This authorization is to remain in full force and effect from the date this Agreement is signed by both parties (check one) 1. \_\_\_ Until \_\_\_\_\_ (date) or \_\_\_ remain in force until NMHA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and RDFI a reasonable opportunity to act on it.

Frequency of donation/direct debit (Check one):

Option 1. \_\_\_\_\_ **Semimonthly (twice a month):** please debit my account on the 15<sup>th</sup> and last business day of each month in the amount of \$\_\_\_\_\_.

Option 2. \_\_\_\_\_ **Monthly:** please debit my account on the last business day of each month in the amount of \$\_\_\_\_\_.

Option 3. \_\_\_\_\_ **Quarterly:** please debit my account on March 31, June 30, September 30, and December 31 in the amount of \$\_\_\_\_\_ on each date noted.

Authorized By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Donor Signature (s)

Accepted By: \_\_\_\_\_ Dated: \_\_\_\_\_  
NMHA Officer

Please attach a voided check to this form.

