## 

# World Services for the Blind

## Contribution Authorization Agreement

[www.wsblind.org](http://www.wsblind.org)

Please go to our website and watch the videos by clicking Donate, and then Stories & Testimonials.

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| Authorization Agreement |
| I hereby authorize **World Services for the Blind** **(WSB)** to withdraw funds from my account by initiating debit entries to the financial institution named below. In the event that **WSB** withdraws erroneously from my account, I authorize **WSB** to credit my account for the amount erroneously withdrawn. This agreement will remain in effect until **WSB** receives a written notice of cancellation.  **WSB** will process your contribution on or around the 15th of each month unless you indicate another date works better for you. Alternative withdrawal date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Account and Contribution Information |
| ***ACH (Direct Deposit) Method***  **Frequency:** Monthly Annual **Account:** Checking Savings    Please circle the amount you wish to contribute: $10 $25 $50 $100  **Copper Bronze Silver Gold**  Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Credit Card Method***  Credit/Debit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please attach a blank voided check (if using the ACH method), then scan & email or mail/fax this form to WSB, or simply enter the routing bank number and account numbers above. |