



## ACH Debit / Credit Card Authorization Agreement

**Instructions:** Complete the Authorization form below and submit to:  
**Jernigan Foundation for iThemba Trust, P.O. Box 11268, Olympia, WA 98508**  
**360.915.8909 or Fax: 360.485.1902 www.jerniganfoundation.org**

Donors Name		
Mailing Address		
City	State, Zip Code	Telephone Number:
E-mail address		

**Begin Contribution(s) on**      /      /

### Payment Type

- |  |  |
|--|--|
| <input type="checkbox"/> ACH (Direct Debit)  | <input type="checkbox"/> Donation Enclosed \$ _____          |
| <input type="checkbox"/> Charge my Credit Card <i>Complete Contribution Scheduling Below</i> | <input type="checkbox"/> I will send a donation for \$ _____ |

### ACH / Credit Card Contribution Scheduling

- |  |  |   |                          |
|--|--|---|--------------------------|
| <input type="checkbox"/> One Time \$ _____ | <input type="checkbox"/> Weekly \$ _____ | <input type="checkbox"/> Monthly (Transferred on the 10th) \$ _____ | <input type="checkbox"/> |
| Other _____ \$ _____                       |  |   |                          |

Credit Card Type  Master Card  Visa  Amex  Discover  
 Name on Card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

Financial Institution Name (ACH only)	Bank Account Number (ACH Only)
Bank Routing No. (9 digit) (ACH only)	
Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	



**For ACH Requests  
Attach Voided Check Here**

I (we) hereby authorize *Jernigan Foundation for IThemba Trust* to initiate debit entries to my (our) account at the financial institution listed above based on the contribution scheduling indicated above. Per ACH guidelines ACH payments may not be taken prior to selected contribution date (s). Contributions may be taken on the next business day or work date should the date fall on a holiday or office closing. We agree to notify *Jernigan Foundation for IThemba Trust* in writing within **10** business days of our intent to either discontinue or change depository financial institutions and or account numbers. This authorization is to remain in full force and effect until *Jernigan Foundation for IThemba Trust* has received a written request to terminate. We further acknowledge that the origination of ACH transactions to the account indicated must comply with the provisions of U.S. Law. By signing below, I agree to the terms and conditions of the Authorization Agreement.

### Authorized Signatures

<b>Print Name</b>	<b>Print Name</b>
Signature	Signature

**Please complete and return along with attachments to:**  
**Jernigan Foundation for iThemba Trust, P.O. Box 11268, Olympia, WA 98508.**  
**360.915.8909 phone / 360.485.1902 fax or tanya@jerniganfoundation.org**  
*The Jernigan Foundation is a 501(c) 3 nonprofit organization incorporated under the laws of Washington State.*  
*Our tax identification number is 20-8111798. For tax purposes, no goods or services were provided in exchange for this contribution.*

### Office Use Only

Date Received / /	Prenote Date / /	Processed By:	Date Processed: / /
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Dear Friend,

The iThemba Trust derives its name from the isiXhosa word meaning hope. It is with a great sense of excitement that we invite you to come and share in the renewal of hope in South Africa, Eastern Cape, by adding your donation or sponsorship to the growing list of 'the friends of iThemba'. Thank you for your interest in setting up an automated giving program. Your contributions are made through pre-authorized withdrawals from your bank account to The Jernigan Foundation for iThemba Trust.

Here is some additional information:

**What are the benefits?**

This is a reliable, safe way to conveniently put your giving plan into action. No need to write a check, address an envelope or waste a stamp. We will process your giving request electronically. Because your gift is given consistently, we are able to meet the needs of the children on a regular basis.

**What do I need to do to participate?**

Just complete the ACH Debit Authorization Agreement Form on the back, attach a voided check from your checking or savings account, or provide a credit card number and mail or bring the form to our office.

**How much do I have to give?**

There are no minimum or maximum amounts you may contribute.

**Is this automated giving program safe?**

Yes, it utilizes the banking system's Automated Clearing House network (ACH), the same network that is used for direct deposit and automated bill payment. Automated funds transfer is governed by strict national rules set by the ACH network and governed by regulations of the US Federal Reserve Bank.

**Is there an additional charge to me by my financial institution for automatic withdrawals?**

No. There are no fees to you.

**If I don't write checks, how do I keep my account balance straight?**

All contributions will be clearly listed on the monthly checking or savings account statement you receive from your financial institution. Also, your contribution is made on a pre-established day, so you can deduct it from your check record. You will also receive a contribution statement from The Jernigan Foundation annually.

**What if I change my bank or account or want to change the amount of my contribution?**

Simply contact us and provide us with your new account information. Please provide us with a minimum of 10 days to make change.

**Can I stop my participation in the automated giving program?**

You may stop your participation in the program at any time with 10 days written notice or by calling our office.

**What will happen if the money is not available in my account?**

Most financial Institutions will charge their account holders a fee; contact your bank for their fee schedule.

**Who do I talk to if I have more questions?**

Feel free to contact:  
 Tanya Jernigan  
 The Jernigan Foundation  
 P.O. Box 11268  
 Olympia, WA 98508 USA  
 360-915-8909 Phone; 360-485-1902 Fax  
 360-791-3917 Cell  
 tanya@jerniganfoundation.org

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