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**Family Trauma Advocacy Program**

**DEBIT AUTHORIZATION FORM**

**Please complete** and email back to ftaprogram@comcast.net (Please type “Debit Authorization Form” and name in the subject line or print and mail to:

**Family Trauma Advocacy Program**

**310 Hammes Ave.**

**Suite 302B**

**Joliet, IL 60435**

Name:

Billing Address: \_\_

City: \_      \_State: \_      \_\_\_\_Zip:

Contact Number: \_

Email: \_\_

Please deduct my Direct **Payment** from my account as follows:

Name of Financial Institution: \_

Financial Institution Routing Number:\_\_

Type of Account:

Please check the payment schedule selected

[ ]  Monthly Donations

Deductions will take place on the 1st of each month beginning the 1st of the month after receipt of this form.

*Please:* Enclose a voided check or savings deposit slip with this form

$     /PER MONTH

[ ]  Quarterly Donations

Deductions will take place

*Please:* Enclose a voided check or savings deposit slip with this form

$\_     /PER QUARTER

[ ]  Yearly Donations

Deductions will take place yearly on the date of your first payment date

*Please:* Enclose a voided check or savings deposit slip with this form

$\_     /YEARLY

I authorize Family Trauma Advocacy Program to deduct my donation from the above account. I understand that if I decide to discontinue this payment plan I will notify the Family Trauma Advocacy Program in writing at the following address:

**Family Trauma Advocacy Program**

**310 Hammes Ave.**

**Suite 302B**

**Joliet, IL 60435**

