

Bulgarian Child, Inc.

1623 Hodge Road
info@bulgarianchild.org

New Market, TN 37820

(865) 475-9896
www.BulgarianChild.org

Authorization Agreement for Pre-authorized Payments

I (we) authorize Bulgarian Child, Inc. (Federal ID# 62-1842837) and the financial institution named below to electronically charge my (our)

' Checking ' Savings (choose one) account specified below in the amount of \$ _____ each ' Month ' Week ' Quarter (choose one) effective on _____ Date.

Bank Name

Account Number

City

State, Zip Code

This authority is to remain in full force and effect until Bulgarian Child, Inc. and BANK have received notification of its termination in such time and manner as to afford Bulgarian Child, Inc. and BANK a reasonable opportunity to act on it.

Authorizing Party (Please print)

Authorizing Party (Please Print)

Signature

Signature

Street, City, State, Zip

Street, City, State, Zip

Email address (if available)

Please attach a blank voided check from your account to this form and send it to
Bulgarian Child, Inc.
1623 Hodge Road
New Market, TN 37820