



Remember Nhu

Ending child sex slavery through prevention

AUTOMATIC MONTHLY CONTRIBUTION BANK WITHDRAWAL AUTHORIZATION

Please complete and mail to: **Remember Nhu**
P.O. Box 27000
Akron, Ohio 44319-7000

Personal Information - Please fill out completely!

Name:

Address:

City, state, zip:

Email:

Phone:

Church or Congregation You Attend (if applicable):

Church or Congregation City, State (if applicable):

How Did You Hear About Remember Nhu?

Contribution Information

Monthly Giving Amount (all receipts will be sent by email):

Donation Allocation: General Fund Sponsorship Vision Trip
 Other

www.remembernhu.org

Remember Nhu, a 501(c)(3) non-profit. "Ending child sex slavery through prevention."



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Payment Option

Checking or Savings Account Automatic Withdrawal

(please attach a voided check to this form)

Account Type: Savings Checking

Routing Number:

Bank's Name:

Branch Address:

I (we) hereby authorize Remember Nhu and the depository institution named above to initiate electronic debit entries, and if necessary, credit entries to my account listed above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until Remember Nhu has received written notification from me of its termination in such time and manner as to afford Remember Nhu and the depository institution listed above a reasonable opportunity to act on it.

Print Name:

Signature:

Date:
