

# Direct Debit Form



## Make a Real Difference with a Monthly Donation

You can help relieve needless suffering and get effective mental health treatments to people who desperately need care by making a donation to Mental Health America. Your gift will bring help and hope to people who have mental disorders as they recover their lives. And by choosing our direct debit giving option, Mental Health America can put more of your donation dollars to work by significantly reducing our fundraising costs. Plus, your donation is automatically paid from your bank account on an arranged, pre-scheduled basis, which is a hassle-free way for donors to maximize their contribution.

### DEBIT AUTHORIZATION AGREEMENT

By my signature, I hereby authorize Mental Health America, herein called the "Company", to initiate Automated Clearinghouse (ACH) DEBIT entries to my accounts indicated below at the depository financial institution, herein called "RDFI". This authorization also allows the Company and/or RDFI to make any necessary corrections and/or adjustments to the entries, including debits to my account.

All information provided by the donor to Mental Health America in this Agreement will remain strictly confidential and used only for the purposes stated in this Agreement. Unless Mental Health America is informed otherwise, the reoccurring debit will terminate as specified in this Agreement.

#### *Donor Information*

Name (title, first, last, suffix(es)) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ HOME WORK OTHER

As a supporter of the National Mental Health Association mission, I would prefer to receive regular information updates and other communication from the organization via email:  yes  no

All donations made to Mental Health America are 100 percent tax deductible as a charitable contribution as defined by IRS regulations. Individual giving reports will be presented to each donor annually detailing giving history and total contributions.

#### *Banking Information*

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Account name: \_\_\_\_\_

Account address: \_\_\_\_\_

Routing number: \_\_\_\_\_ Checking account number: \_\_\_\_\_

Tax ID/Social Security number: \_\_\_\_\_

I hereby authorize Mental Health America to debit the above bank account as follows:

This authorization is to remain in full force and effect from the date this Agreement is signed by both parties (check one) 1. \_\_\_Until \_\_\_\_\_ (date) or \_\_\_ remain in force until Mental Health America has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and RDFI a reasonable opportunity to act on it.

Frequency of donation/direct debit (Check one):

Option 1. \_\_\_\_\_ **Semimonthly (twice a month)**: please debit my account on the 15<sup>th</sup> and last business day of each month in the amount of \$\_\_\_\_\_.

Option 2. \_\_\_\_\_ **Monthly**: please debit my account on the last business day of each month in the amount of \$\_\_\_\_\_.

Option 3. \_\_\_\_\_ **Quarterly**: please debit my account on March 31, June 30, September 30, and December 31 in the amount of \$\_\_\_\_\_ on each date noted.

Authorized By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Donor Signature (s)

Accepted By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Mental Health America Officer

Please attach a voided check to this form.

Please mail this completed form along with a voided check to:

Mental Health America  
Formerly National Mental Health Association  
Attention: Gift Office  
PO Box 16810  
Alexandria, VA 22311

Please contact our Gift Office at 703-838-7533 or 703-797-2583 or by email at [giftoffice@mentalhealthamerica.net](mailto:giftoffice@mentalhealthamerica.net) if you have any questions.