

# BIRMINGHAM AIDS OUTREACH

205 32nd Street South + Birmingham, AL 35233 + P.O. Box 550070 + Birmingham, AL 35255

Voice: 205.322.4197 + Fax: 205.322.2131 + [www.birminghamaidsoutreach.org](http://www.birminghamaidsoutreach.org)

## Authorization Agreement For Automatic Payment of Donation (via ACH)

Attach voided check here

### Participant authorization

This authorization is for automatic ACH payment of monthly donations to Birmingham AIDS Outreach. It remains in effect until Birmingham AIDS Outreach receives written notification from me to cease ACH payment.

Any changes to the above bank information will be submitted to Birmingham AIDS Outreach on or before the \_\_\_\_\_ of the month in which the change is to take place.

The debit will occur on or after the \_\_\_\_\_ (1st, 15th or 30th) day of the month for the following month's donation in the amount of \$\_\_\_\_\_.

I hereby authorize Birmingham AIDS Outreach to initiate debit entries to my account identified above.

\_\_\_\_\_  
Authorizing signature

\_\_\_\_\_  
Date

Please check below if you:

- would like more information about how to leave Birmingham AIDS Outreach in your estate plan.
- have already included Birmingham AIDS Outreach in your estate plan.

*Thank you for your generous donation to Birmingham AIDS Outreach!*