



DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone No: _____

I wish to give a **monthly** donation:

\$500/month \$250/month \$100/month Other \$ _____/month

I wish to give a **one-time** donation in the amount of: \$ _____

I (we) hereby authorize the Littlest Lamb, hereafter called ORGANIZATION, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Bank Routing Number: _____

Account Number: _____

Signature _____

Please send form to: 531 E. 88th St – 5A, New York, NY 10028. Thank you for your generosity.