



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

I (we) hereby authorize **Dillon International, Inc.**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter 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 the U.S. law.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing # _____ Account # _____

Amount \$ _____ Monthly Quarterly Semi-Annually Annually

Please apply my gift to one of the following:

China Ethiopia Guatemala Haiti Honduras

India Kenya Korea Russia Vietnam

Sponsorship _____ Building Families Fund Where Most Needed
(child's name)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date _____ Signature _____

Note: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

To begin your donation, please submit this form along with a voided check to:

Dillon International, Inc.

Attn: Development Department

3227 E. 31st Street, Suite 200

Tulsa, OK 74105

All information is confidential.