

Internet ACH Recurring Donation Form

Note: this transaction will occur on the 5th business day of each month

Donor Information:

Name _____

Street Address _____

City, State, Zip _____

Phone # _____

Email _____

Interested in receiving email bulletins from DRI? _____

Donation acknowledgement to be sent as annual summary or monthly? _____

Bank name _____

Bank ID (routing #) _____

Bank account # _____

Account type (checking/savings) _____

Monthly amount \$ _____

Authorized start date: month/year _____

*I hereby authorize Direct Relief International to make a monthly debit to my account.
I understand that I need to contact Direct Relief International to terminate this agreement.*

Signature: _____ **Date:** _____

Please mail signed original form back to:
Direct Relief International
27 S. La Patera Lane
Goleta, CA 93117
Attn: Finance Dept