



Donor ACH Origination Agreement

I would like to be a monthly sustainer for Children of Vietnam! I authorize Children of Vietnam and BB&T 110 S Stratford Rd Winston-Salem, NC 27104 to initiate entries to my checking/savings accounts, and, if necessary, initiate any adjustments for any transactions. This authority will remain in effect until I notify Children of Vietnam in writing to cancel it.

- () Please initiate \$ _____ monthly.
 () Yes, I would like to help COV and cover the bank fee of \$1.75.
 Total Monthly Gift \$ _____

 Signature

 Printed Name

 Printed Address

 Phone

 Email

Name on Account:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	Date of Withdrawal: <input type="checkbox"/> 1 st of Month <input type="checkbox"/> 15 th of Month
Bank Routing and Transit Number (required 9 digits):	
Bank Account Number (not to exceed 17 digits):	

Please attach a voided check.

Notifications to cancel must be received by the 10th of the month
 Via email jennie@childrenofvietnam.org or mail POB 18039 Greensboro, NC 27419

USA Headquarters

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 4355 Federal Drive, Ste 100
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 Tel: 336.235.0981

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Vietnam Office

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