

Monthly Electronic Check Authorization Form

To ensure you want to authorize us to automatically withdraw your monthly contribution from your checking account, please follow these 5 easy steps!

1. Write in how much you would like St. Jude to deduct each month on the form below.
2. Write in the checking account information.
3. Print your name and address, then sign your name and date it.
4. Let us know whether you would like to receive a story and photo of a child each month.
5. Then, simply return the form to the address provided. That's all there is to it. The first automatic deduction will be the next month's gift.

YES, Please enroll me in the St. Jude Automatic Gift Plan. I understand and accept the terms and conditions on the bottom of this form.

Deduct \$ _____ each month from my Checking Account.

Checking Account Number. _____

Routing Number: _____

If you are unable to identify these numbers, simply attach voided check along with this form and we'll figure it out for you.

I would like to receive a monthly photo and story.

Please check one: Yes No

Name _____

Address _____

City/State/Zip _____

Signature _____

Date _____

Telephone Number _____

Send form to: St. Jude Children's Research Hospital • 501 St. Jude Place • Memphis, TN 38105

The authorization to charge Donor's account at their financial institution shall be the same as if Donor had personally signed a check to St. Jude Children's Research Hospital. This authority is to remain in full force and effect until St. Jude has received written notification from the Donor of its termination and St. Jude has had a reasonable opportunity to act on it, or until the financial institution has sent the Donor written notice of their termination of this agreement. A record of charge will be included in the Donor's bank statement. This record will serve as the Donor's receipt. The Donor has the right to authorize the financial institution to reverse any charge. This must be done by written notice within 15 days of the date of the bank statement or within 45 days after the charge was made. It is understood and agreed that the financial institution shall have no responsibility for the correctness of any charge and that any dispute involving the amount charged shall be handled by the Donor directly with St. Jude Children's Research Hospital.