



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: The Global Orphan Project, Inc. COMPANY ID NUMBER: 81-6079539

I (WE) hereby authorize The Global Orphan Project a 501(c)(3) company, hereafter called COMPANY, to initiate credit and/or debit entries to my (our) checking account indicated below and the depository named below, hereinafter called BANK, to debit and/or credit same to such account. In addition, if necessary, initiate an adjustment entry for any entry in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

100% of your donation will be used to support the ministry of CarePortal

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____

This authority is to remain in full force and effect until COMPANY and BANK 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 BANK a reasonable opportunity to act on it.

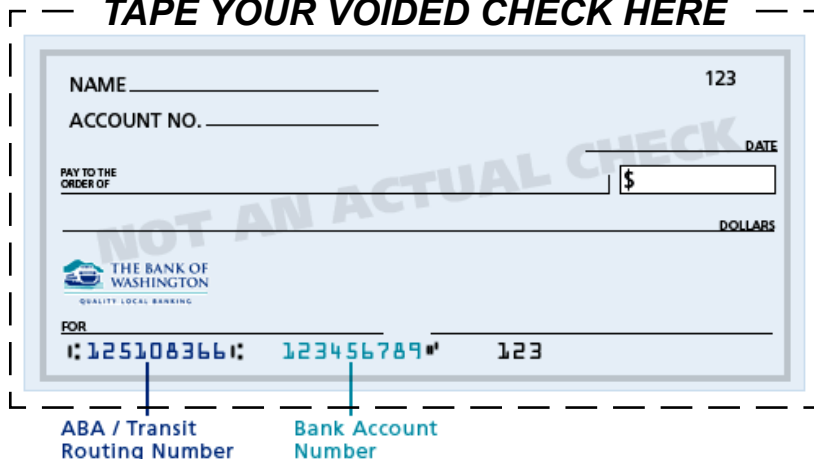
NAME(S) _____ ID NO. _____

AUTHORIZED MONTHLY AMOUNT: \$ _____

DESIRED DATE (check one): 1st of Each Month _____ 15th of Each Month _____

DATE: _____ SIGNED: _____

TAPE YOUR VOIDED CHECK HERE



Please Scan and Email This Document to:
debbie@goproject.org

OR Mail Document To:
The Global Orphan Project
6114 N 9 Highway
Parkville, MO 64152