

Authorization Agreement for Automatic Deposits (ACH Credits)



I hereby authorize _____, to initiate credit entries to the
(Name of your bank or credit union)

We Promise Foundation Account on the ____ day of each month from my (please select one):

Checking Account

Savings Account

Routing Number: **251481614 for Chartway Federal Credit Union**

Beneficiary: **We Promise Foundation**

Account Number: **0092890209**

Account Name: **We Promise Foundation**

Account Type: **Savings**

In the amount of (please select one):

\$0.25

\$1.00

\$5.00

Other _____

** I understand it is my responsibility to contact my financial institution to change or cancel this request*

Name (please print): _____

Account Number (to debit): _____

Signature: _____ Date of request: _____

Simply fill out this form and provide it to your primary financial institution. With a goal to raise funds to make dreams come true for courageous children fighting for their lives, we are truly grateful for your support of the We Promise Foundation!

Thanks for making dreams come true! Your donation is tax deductible.



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