

CHILD SPONSORSHIP COMMITMENT FORM

Sponsored child's name: _____ Reference number: _____

Your name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

E-mail address(es): _____ / _____

Please indicate your preferred method of communication: E-mail Phone U.S. Mail

My commitment will be:

Payment schedule (one year commitment requested*):

- Monthly (\$25.00 / month—Credit Card or Electronic Funds Transfer only)
- Quarterly (\$75.00 / quarter)
- Annually (\$300 / year)

*Sponsorship will continue until AAI is notified that you wish to discontinue this program.

Commitment signature: _____ Date: _____

Method of payment:

Credit Card (Visa or MasterCard)

CC#: _____ Exp. date: _____ Security code: _____
(last 3 digits on back of card in signature panel)

Name as it appears on the card: _____

Cardholder's signature: _____

Check (Make payable to Adoption Associates, Inc.)

Electronic Funds Transfer

Name of bank: _____

Bank routing number: _____ Account number: _____

Name on checking account: _____

Authorized signature: _____

Electronic Funds Transfer Authorization

I (we) hereby authorize Adoption Associates, Inc. to initiate automatic transactions to my (our) accounts indicated below. I (we) agree that these transactions and any adjustments or reversals may be made electronically under the rules of the National Automated Clearing House Association. I (we) also agree that this authorization is to remain in full force and effect until Adoption Associates, Inc. has received written notification from me (or all parties involved) of its termination. The termination of this transaction is to be done in such time and in such manner as to afford Adoption Associates, Inc. a reasonable opportunity to act on it.

Bank name: _____

Bank transit/ABA #: _____ Checking account #: _____

Signature: _____ Date: _____