

**Tammy Lynn Center for Developmental Disabilities  
739 Chappell Drive  
Raleigh, NC 27606**

**AUTHORIZATION AGREEMENT FOR DIRECT DRAFT PAYMENT (ACH DEBITS)**

I/We hereby authorize the Tammy Lynn Memorial Foundation, Inc. to initiate debit to my/our bank account and financial institution indicated below on a monthly basis for the amount entered below.

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Amount to be Debited per Month \_\_\_\_\_ *Drafts will occur on or around 15<sup>th</sup> of each month*  
Comments \_\_\_\_\_

This authorization is to remain in full force and effect until the Tammy Lynn Memorial Foundation, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Tammy Lynn and my/our Financial Institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ *and/or* Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ *and/or* Signature \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**For verification of account information, please include a voided check with this authorization form. You should anticipate the first draft approximately 30-45 days after we have received your authorization.**

Please send to:

Development Office  
Tammy Lynn Center for Developmental Disabilities  
739 Chappell Drive  
Raleigh, NC 27606

(919) 755-2668  
[info@tammylynncenter.org](mailto:info@tammylynncenter.org)  
[www.tammylynncenter.org](http://www.tammylynncenter.org)

*Unless otherwise indicated, your gift to Tammy Lynn Memorial Foundation Inc. will support the following programs and services of Tammy Lynn Center for Developmental Disabilities: Community Residential, Early Childhood Intervention, Respite Care and non-Medicaid Day Services.*

**Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888-830-4989. The license is not an endorsement by the State.**