



# New Leaf Behavioral Health

a nonprofit mental health organization

## Automatic Bank Draft Application New Leaf Behavioral Health (NLBH)

You can spread your annual gift over an entire year by authorizing your bank to make monthly transfers from your checking account. To participate in this program, complete this form and return it to us with a voided check.

I authorize my bank to make payments in the amount of \$\_\_\_\_\_ per month (\$10/month minimum for a minimum of one year) on the 15<sup>th</sup> day of the month beginning \_\_\_\_\_(month). This authorization remains in effect until I notify NLBH of its termination. Notification can be made by contacting the Development office. Using the space provided below, please designate how you wish your gift to be used.

**Gift Designation:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Bank Account Information

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

### Purpose of this Application – Check one

New Application

Change Existing Banking Information

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**For more information:**

**Development Office**

**919-523-1547**

[development@nlbh.org](mailto:development@nlbh.org)

**Staple voided check below:**

