



**I WOULD LIKE TO MAKE A FINANCIAL INVESTMENT IN MY COMMUNITY THROUGH  
YOUTH ENCOURAGEMENT SERVICES**

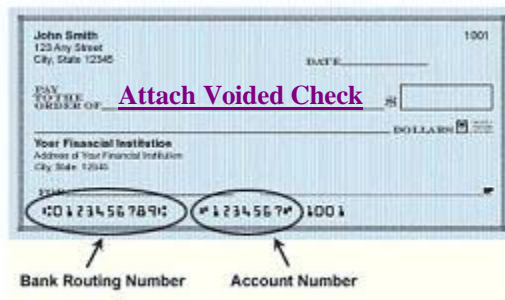
Monthly Automatic Debit Authorization

I authorize Youth Encouragement Services (YES) to initiate debit entries to my  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Amount to be debited on the 15<sup>th</sup> of each month \_\_\_\_\_

This authorization is to remain in full force and effect until YES has received written notification from me of its termination in such time and in such manner as to afford YES and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



Credit Card Authorization

I authorize  one installment or  monthly installments in the amount of \$\_\_\_\_\_ to be paid to Youth Encouragement Services with payment made by my credit card. (Monthly transactions occur on the 15<sup>th</sup> of each month)

Name (As it appears on card) \_\_\_\_\_  
Credit Card Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Select type of card  Visa  MasterCard  American Express  Discover  
Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

*By signing this application, I promise to pay such amount as noted above subject to and in accordance with the agreement governing the use of such card. Note: Charges will appear from **Youth Encouragement Services** on your credit card statement. All information provided in this application will be held in the strictest confidence and used only in direct relation to YES business.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to: Youth Encouragement Services – 521 McIver Street – Nashville, TN 37211**