

6323 South East Street • Indianapolis, IN • 46227 T:317.875.0058 F:317.602.6301 mljadoptions.org

## **Payment Options**

For your convenience, we offer four payment options: check, charge, wire, and direct debit.

- 1. <u>Check:</u> Mail a check to MLJ Adoptions, Attn: Julie Conner, 6323 S. East Street, Indianapolis, IN 46227. All checks must be denominated in US dollars.
- 2. <u>Charge:</u> Call MLJ Offices at (317) 875-0058 with your credit card information. We accept American Express, Mastercard, Visa, and Discover cards. Credit card transactions will be assessed a 3% fee.
- 3. <u>Wire:</u> Obtain MLJ's wire details from Julie Conner at <u>julie@mljadoptions.com</u>. Please note that if you wiring money to us from Canada, transaction fees may be deducted by either the originating or beneficiary bank based upon the amount of the wire.
- 4. <u>Direct Debit (US bank accounts only)</u>: Complete the debit authorization form below. Your account will not be debited until you have provided confirmation by e-mail that a payment should be put through.

## <u>Please note that all fees listed on our fee sheets are in US Dollars.</u> Clients are responsible for submitting payments to us in US Dollars.

## Authorization Agreement for Automatic Debits (ACH Debits)

I hereby authorize \_\_\_\_\_\_\_(the Company, hereinafter referred to as the Company) to make debits from time to time in the account identified below at \_\_\_\_\_\_(Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these debits. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

| Name of DFI                  | DFI's Routing & Transit Number (9 digits long) |                        |
|------------------------------|--|------------------------|
| Account Number to Debit      | Circle One<br><b>Checking</b>                  | Savings                |
| Name                         |  |                        |
| Address / City / State / Zip |  |                        |
| Signature                    | Date   | Social Security Number |
|                              |  | 1                      |

Please Attach a Voided Check to This Authorization

## Supporting families before, during, and after adoption.