DONATION PAYMENT AUTHORIZATION FORM

Name of the organization: ST. ANGELA'S PRESCHOOL

FOR OFFICE USE ONLY	***2015-2016 DONATION***	***DATE***

Effective date of authorization: _____/_____/_____

Type of authorization: ❑ *New authorization* ❑ *Change*

Last Name	***First Name***
Address	
City	*State* / *Zip*
Email Address	

Date of first donation:

_____/_____/_____

Date of last donation *(optional)**:***

_____/_____/_____

Frequency of donation: *(please check one)*

- ❑ *Monthly on the 1st*
- ❑ *Monthly on the 15th*
- ❑ *Bi-Weekly (every other week)*
- ❑ *One Time*

Amount of first donation: ***$*** _____

Amount of ongoing donation: ***$*** _____

Amount of last donation *(optional)**:*** ***$*** _____

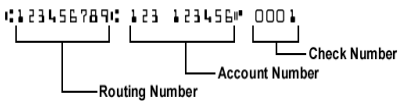
CHECKING / SAVINGS

Please debit my donation from my (check one):

- ❑ *Savings Account (contact your financial institution for Routing #)*
- ❑ *Checking Account* ***(attach a voided check)***

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature*:*_____ *Date:*_____

CREDIT / DEBIT CARD

DEBIT or CREDIT (circle one) / Card Brand: ❑ *Visa* ❑ *MasterCard* ❑ *American Express* ❑ *Discover Card*

Card Number:	*Expiration Date:*
Name on Card:	
Billing Address (if different from above):	

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ *Date:* _____