

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS



701 Madison Avenue

Norfolk, NE 68701

402-371-3195

www.kidsagainsthungernorfolk.org

info@kidsagainsthungernorfolk.org

Donor #		Phone	
Last Name		First Name	
Address			
City		State	Zip

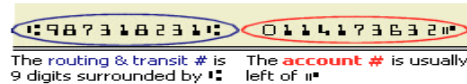
Date of First Donation: ____ / ____ / ____	Frequency of Donation: (please check only one) <input type="radio"/> Weekly – Mondays <input type="radio"/> Semi-Monthly - 1 st and 15 th <input type="radio"/> Monthly on the 1 st <input type="radio"/> Monthly on the 15 th	Donation Amount: \$ _____
Special Instructions: 		

CHECKING/SAVINGS

Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #) Routing #: _____
- Checking Account (staple a voided check below) Account #: _____

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide at least thirty (30) days written notification to terminate the authorization. A record of each gift will appear on my bank statement and will serve as my receipt.



Authorized Signature _____ Date: _____

CREDIT CARD

Please charge my donation to my (check one) <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover Card	
Credit Card Number:	Expiration Date:
Name on Card:	
Billing Address	
I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the card): _____ Date: _____	