

Automatic Debit Program/Credit Card Form

AUTHORIZATION – Please fill out and return to:

St. Francis de Sales School, 2323 W. Bancroft St., Toledo, OH 43607

 Attn: Advancement

I authorize St. Francis de Sales School to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

\_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_ Credit Card

I authorize $ \_\_\_\_\_\_\_\_\_\_ per (circle one) month/quarter/one time to be debited from my account and credited to the St. Francis de Sales School Annual Fund

\_\_\_\_\_ Unrestricted

\_\_\_\_\_ Tuition Assistance

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

This authority will remain in effect until I have cancelled in writing.

Your account will be debited at the end of each month.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Name Financial Institution

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Address Bank City/State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Phone Number Account Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Email Bank Routing Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor’s Signature Credit Card Number

 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Please staple voided check here. Exp. Date CID #

Thank you for your recurring gift to St. Francis de Sales School and your continued support to our community and our mission.