

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS**

**ES8305**



5401 Boone Avenue North  
 New Hope, MN 55428  
 Phone: (763) 257-0202  
 Fax: (763) 504-2943  
 E-mail: info@kidsagainsthunger.com

Donor # (leave blank if not applicable)		Phone	
Last Name		First Name	
Address			
City	State	Zip	

<b>Date of first donation:</b>  _____/_____/_____	<b>Frequency of donation:</b> (please check only one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly – Mondays</li> <li><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></li> <li><input type="checkbox"/> Monthly on the 1<sup>st</sup></li> <li><input type="checkbox"/> Monthly on the 15<sup>th</sup></li> </ul>	<b>Donation amount:</b> \$ _____
<b>Special Instructions:</b>		

<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</li> <li><input type="checkbox"/> Checking Account (staple a voided check below)</li> </ul>	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>
		Account Number: _____ 
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: _____		

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
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 credit card): _____ Date: _____	

**Please staple voided check over credit card section above if using checking account.**