



## Recurring Monthly Donation Authorization

Schedule your gift to be automatically deducted from your bank account or credit card.

### MY MONTHLY GIFT

\_\_\_ \$10    \_\_\_ \$25    \_\_\_ \$50    \_\_\_ \$100    \_\_\_ Other \$ \_\_\_\_\_

Start Date \_\_\_ / \_\_\_ (mm/yy)    Withdrawal \_\_\_ 1<sup>st</sup> of the month    \_\_\_ 15<sup>th</sup> of the month

### MY GIFT WILL SUPPORT

\_\_\_ Area of Greatest Need    \_\_\_ Project SPIRIT    \_\_\_ Interfaith Youth Connection

\_\_\_ Department of Indian Work    \_\_\_ Farm-Faith Project    \_\_\_ Opportunity Saint Paul

\_\_\_ Project Home

I authorize Interfaith Action of Greater Saint Paul to process this donation. I understand that my billing statement will show a charge from Interfaith Action of Greater Saint Paul. This authorization is to remain until Interfaith Action of Greater Saint Paul has received written authorization from myself of its termination in such time and in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACH BANK ACCOUNT MONTHLY DONATION

Depository Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

\_\_\_ Checking Account    \_\_\_ Savings Account

Please attach a voided check to this agreement to ensure proper recording of bank routing and account numbers. Do not use information from deposit tickets.

### CREDIT CARD MONTHLY DONATION

\_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ American Express

Name on Card \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Email \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_ / \_\_\_    Security Code \_\_\_\_\_