



Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing Storybook Farm to withdraw donations directly from the donor's bank and/or credit/debit card account each month. Donations are tax deductible as Storybook Farm is a 501 c (3) corporation.

Please complete all sections

SECTION 1: Authorization for Automatic Monthly Withdrawal/Charge

Start Date: Month _____ Year _____
Withdrawals will be made (choose one): On the _____ 1st of the month
 On the _____ 15th of the month
Amount: _____ \$10.00 \$ _____ Other

Please select the preferred form of payment

Bank Withdrawal _____	Credit/Debit Card _____
Type of account: ___ Checking ___ Savings	Type of Card (Visa, M/C, Amex, etc.)
Bank Name: _____	Name on Card: _____
Bank Address: _____	Card No. _____
_____	Expiration Date: (mm/yy) ____/____
Routing # (9 Digits): _____	Credit Card Authorization Signature: _____
Account # (10 Digits): _____	Date: _____

If withdrawal is from your checking account, please attach a voided check.

SECTION 2: Personal Information

Name: _____ Email: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone (home): _____ Phone (cell): _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request Storybook Farm to make withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by Storybook Farm to such account. It is understood that this agreement may be terminated by me at any time with written notification to Storybook Farm. Any such notification to Storybook Farm shall be effective within 15 business days of notice.

Yes, please add me to the mailing list of Storybook Farm so I can stay informed of new developments.

Signature: _____ Date: _____

Return to:
Storybook Farm, 300 Cusseta Road, Opelika, AL 36801
info@HopeOnHorseback.org