



Search for Common Ground

AUTHORIZATION AGREEMENT- AUTOMATIC WITHDRAWAL OF FUNDS

Send your completed form to: development@sfcg.org

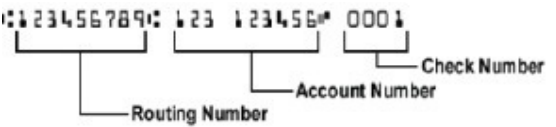
Name _____

Address _____

City, State, Zip _____

Phone _____

Email Address _____

<p>Please take my donation from my (check one):</p> <p><input type="checkbox"/> Checking Account</p> <p><input type="checkbox"/> Savings Account</p> <p><input type="checkbox"/> Business Checking Account</p> <p>Date of first donation: ____/____/____</p>	<p>Routing # _____</p> <p><i>Valid routing # must start with 0, 1, 2 or 3</i></p> <p>Account # _____</p> 
<p>Frequency of donation (check only one)</p> <p><input type="checkbox"/> Monthly on the third</p> <p><input type="checkbox"/> Monthly on the 18th</p>	<p>Donation Designation: _____</p> <p>Amount: \$ _____</p>

Special Instructions _____

Agreement

I authorize Search for Common Ground to process debit entries to my bank accounts. I understand that this authority will remain in effect until I provide notification within 10 business days to terminate my authorization.

Authorized Signature _____ Date _____