

Credit/Debit Authorization Form

I (we) hereby authorize Abilene Education Foundation (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. All donations effective on the 5th day of the month

PLEASE PRINT:

(Name)

(Address)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Financial Institution Routing Number: Look between these symbols 1: :1 on the bottom left of your check.)

(Account Number)

(Checking or Savings)

(Signature)

(Date)

Amount of donation: _____

Frequency: Monthly _____
One Time _____

Check Specific Program if one is desired:

STAR Teacher Grants _____

COOL Program _____

Young Masters Juried Art Program _____

Alumni Scholarship Program _____

Unrestricted _____