

Authorization and Agreement for Automatic Withdrawal of Funds for Donation to The Circle School

As the "Account Holder," I authorize The Circle School to withdraw the exact donation amount on the first (or first business day thereafter) of each month. I understand and agree that this authorization will continue until The Circle School receives my written notification of cancellation. (Please allow 10 days processing time.)

Amount of withdrawal: \$ _____ per month (until I terminate the agreement)

Name(s) of Bank Account Holder:

Street Address _____

City _____ State _____ Zip _____

Name of Bank _____

City _____ State _____

Type of account: () Checking () Savings

Bank Account # _____

Routing # _____

The diagram shows a check stub with the following fields and labels:

- Your Name:** 123 Main Street, Any Town, USA 54321
- Pay to the order of:** _____
- Amount:** _____ 20 _____ Dollars
- Your Financial Institution:** 400 Countrywide Way, Simi Valley, Ca. 93065
- For:** _____
- MICR Line:** ⑆ 2 2000 78 9⑆ 0 1 234 56 78 9⑆ 1 234
- Routing Number:** 1234
- Account Number:** 98-1234/4359
- Check Number:** 1234 (Do not include)

Account Holder Signature

Date

Account Holder Signature

Date