

Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing the Santa Maria Valley YMCA to withdraw donations directly from the donor's bank and/or credit/debit card account each month. **Please complete all three sections.** Donations are tax-deductible as permitted by state and federal tax law.

SECTION 1: Designation of Gift

Sustaining Campaign \$ _____ Total Pledge

Divide total pledge by the number of months remaining in the year \$ _____ # of Months

Total Monthly Withdrawal \$ _____ **Monthly Withdrawal**

Check this box if you would like this donation to be automatically renewed annually. Cancellation can be done in writing.

Does your employer have a Matching Gift Program? ____ Yes ____ No

SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge

Start Date: (mm/yy) ____/____ Date of Month ____

____ Bank Withdrawal **OR** ____ Credit Card ____ Debit

Type of account: ____ Checking ____ Savings Type of Card (Visa, M/C, Amex, etc.)

Bank Name: _____ Name on Card: _____

Routing # (9 Digits): _____ Card No. _____

Account # (10 Digits): _____ Expiration Date: (mm/yy) ____/____

Credit Card Authorization Signature: _____

Date: _____

If withdrawal is from your checking account, please attach copy of **VOIDED** check - see example below



SECTION 3: Personal Information

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request the Santa Maria Valley YMCA to make monthly 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 the Santa Maria Valley YMCA to such account.

Signature: _____

Date: _____



Return to:

Santa Maria Valley YMCA
3400 Skyway Drive
Santa Maria, CA 93455

Questions?

Cindy Dauster, Finance Director
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