



"Discipling the head, heart, and hands"

DONATION AUTHORIZATION AGREEMENT

Donor Information
Name
Address City/State/Zip
E-mail Phone
Donation Information
Donation amount \$
One-time donation
Automatically recurring donation
Bank Account Information
Account information
Name of Bank Bank Phone Number
Bank Address
Routing Number Account Number

I authorize Faith Builders Educational Programs to debit my account as identified above to the terms stated herein. If no ending date or number of donations is specified above, this authorization shall remain in effect until Faith Builders Educational Programs receives written notification from me of intent to terminate the recurring billing to my account.

Signature Date

For office use only: Dept. Received date Initials