



AUTHORIZATION AGREEMENT — AUTOMATIC WITHDRAWAL OF FUNDS

Send your completed authorization form to: geraldine.lara@preemptivelove.org

Name _____

Address: _____

City, State, Zip _____

Phone _____

Email Address _____

Please take my donation from my (check one):

Checking Account

Savings Account

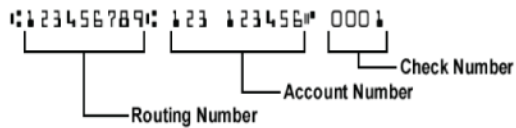
Business Checking Account

Date of first donation ____ / ____ / ____

Routing # _____

Valid routing # must start with 0, 1, 2 or 3

Account # _____



Frequency of donation (check only one)

Monthly on the 3rd

Monthly on the 18th

Donation Designation:

Amount:

\$ _____

Special Instructions

Agreement

I authorize the Preemptive Love Coalition to process debit entries to my bank account. I understand that this authority will remain in effect until I provide notification within 10 business days to terminate my authorization.

Authorized Signature _____ Date _____