

Mail completed form to:
Interfaith Caregivers
PO Box 833
St. Croix Falls, WI 54024

Interfaith Caregivers of Polk County
 Authorization Form

Now you can make automatic monthly donations! It's easy to set up, and your payments take care of themselves. Just complete and sign the form below to get started.

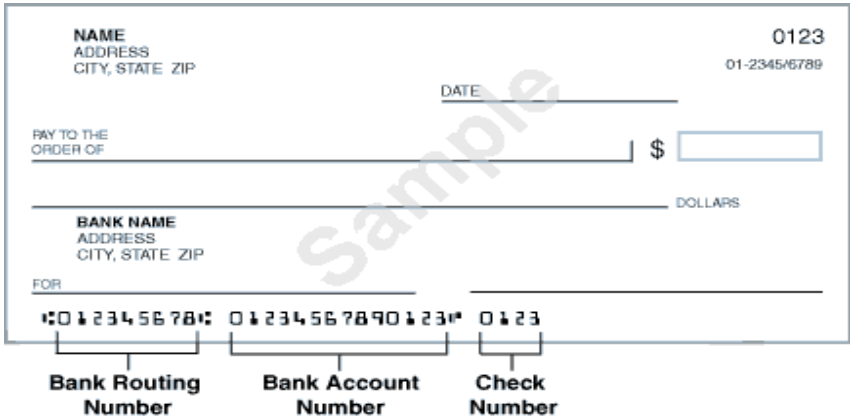
Here's how it works:

You decide the amount you want to donate each month. You authorize monthly withdrawals from your bank account. On the 15th of the month, your bank account will be debited in the amount you requested. We will mail you a receipt quarterly. Withdrawals terminate when you send a written request.

Please complete the following:

 First Name (please print) Middle Initial Last Name

 Street Address City Zip



Please withdraw \$_____ monthly from my:

- Checking Account**
(Please attach a voided check)
- Savings Account**
(Contact your financial institution for Routing #)

 Routing Number Bank Account Number

 Name of Financial Institution Effective Date of Authorization

 Address of Financial Institution



I (we) hereby authorize INTERFAITH CAREGIVERS OF POLK COUNTY to initiate withdrawal entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking/savings account(s) at my financial institution listed above.

Payments will be debited from your account on the 15th of each month, or the first business day following if the 15th should fall on a weekend or holiday.

I understand that this authority will remain in effect until I provide reasonable written notification to terminate the authorization. In the event that your payment is dishonored by your bank, a second attempt may be submitted within the next 30 days. I also agree to be responsible for any return charges or fees assessed for each returned debit.

 Your Signature Today's Date