Faith Christian Academy

Authorization Agreement for Donations

Donor(s) Name(s) and title(s): _____

Address: _____ City: _____ State: ___ Zip: _____

Phone Number: _____ Email: _____

I / we would like to make a monthly donation in the amount of: ☐ $25 ☐ $50 ☐ $100

I / we would like my donations to start: _____ 20, _____ and end _____ 20, _____

Month Year Month Year

I / we would like to make a onetime donation of $_____

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Credit Card Number: _____ Expires: _____/____/_____

CVV_____

OR

Electronic Transfer. **If choosing Electronic Transfer, a voided check must be attached to this form**

Account # _____ Routing # _____

OR

Check

Check number: _____

I hereby authorize Faith Christian Academy (FCA) to automatically charge the account indicated above for the amount of the donation listed above on the 20th of each month. If the 20th falls on a weekend or holiday, I understand my card will be charged the following business day.

Donor Signature: _____ Date: _____/____/_____

Faith Christian Academy
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