

## AUTHORIZATION TO DRAFT BANK/CREDIT ACCOUNT

As a convenience to you Spartanburg Day School can now draft your bank or credit card account for the Annual Giving Fund. If you are interested in bank or credit draft, please complete the form below and return to the Development Office.

The School will draft the amount that you authorize from your account on the **15<sup>th</sup>** of each month. You can have your draft either as a one time only, quarterly or monthly payment. This amount will be in effect until **12/31/07**.

I hereby authorize Spartanburg Day School to initiate debit entries to my checking/savings account or credit card indicated below, in accordance with the amount and frequency I specify.

<b>Bank Draft: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</b>	
Bank Name _____	
Bank Routing Number _____	Bank Account Number _____
Total Contribution _____	<input type="checkbox"/> One Time Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Starting Month for Deduction _____	Number of Installments _____
<i>(Please attach a voided check)</i>	

<b>Credit Card Draft: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</b>	
Card Holder's Name _____	
Card Number _____	Exp. Date _____
Total Contribution _____	<input type="checkbox"/> One Time Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Starting Month for Deduction _____	Number of Installments _____
Email (Optional) _____	

***This authorization is to remain in full force and effect until 12/31/2007 unless Spartanburg Day School receives written notification from me of its termination in such time and in such manner as to give Spartanburg Day School and my bank a reasonable opportunity to act on it.***

Name \_\_\_\_\_

*(Please print)*

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the Development Office at 864-582-7539 ext. 203.