

Mississippi Food Network

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Bank Draft

(Complete this section if you are requesting monthly giving by Bank Draft.)

NAME: _____ PHONE: _____
(as it appears on financial institution records)

ADDRESS: _____ CITY: _____ ZIP: _____

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TRANSIT/ABA# _____ CHECKING ACCOUNT #: _____

I hereby authorize the Financial Institution named above to pay my monthly contribution in the amount of:

\$ _____ on the 1st or the 15th (please check one)

of each month by charging each payment to my account and to make that deduction payable to the order of Mississippi Food Network. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification prior to charging my account. I understand, however, that both the Financial Institution and Mississippi Food Network reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____
MM/DD/YYYY

NOTE: Please return this authorization with a VOIDED check.

Credit Card Contributions

(Complete this section if you are requesting monthly giving by Credit Card.
Payments will be drafted on the 5th of the month.)

Monthly Credit Card Donation – MasterCard  and Visa only 

NAME ON CARD: _____ PHONE: _____

BILLING ADDRESS: _____ CITY: _____ ZIP: _____

TYPE OF CARD:   CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____ MONTHLY CONTRIBUTION: \$ _____

I authorize Mississippi Food Network to charge my account each month according to this agreement. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification prior to charging my account.

Signature: _____

Thank you for your contribution. Please direct any questions to Marilyn Blackledge, Director of Development at 601-973-7086 or mblackledge@msfoodnet.org. Please return this form to:

Mississippi Food Network
Attention: Marilyn Blackledge
P. O. Box 411
Jackson, MS 39205-0411