

## Penfield Christian Homes, Inc. Scheduled Donations

There are 2 forms in this download. You will only need to complete and sign one of the forms depending on whether you would like to setup a donation from your bank account (Bank Draft) or from your Credit Card.

These forms are an offering of convenience ONLY! The entire drafting procedure is done entirely by hand each month. Never will this tool be used to collect monies that you do not exclusively authorize, and because the transactions are entered manually each and every month, discontinuation of payments made via this method are easily suspended or canceled with a call or email to either Lem Clark or his administrative specialist, Karri Godbee at (706) 453-7929.

Again, thank you for, despite the financial distress we are all facing, helping us to show God's Forgiveness and Rich Blessings to others caught in the painful trap of addiction.

Remember that PENFIELD CHRISTIAN HOMES, INC. is a 501(c)3 nonprofit organization, which would constitute any donation as fully tax deductible.

We can send you your receipt either through regular mail or electronically via email. Just include your email address on the form if you would like the receipts to be sent in PDF format via email.

**If faxing the form to us, our fax number is: 1-888-785-0613**

# Donation Bank-Draft Authorization Form

## Penfield Donation Using Bank Draft

*CREDIT/DEBIT AUTHORIZATION FORM for CHECKING/SAVING/MM ACCOUNTS*

I (we) hereby authorize **Penfield Christian Homes, Inc.** (THE COMPANY) to initiate entries to my checking/savings/money market accounts at the financial institution listed below (YOUR FINANCIAL INSTITUTION), and , if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect only within the dates listed below or THE COMPANY is notified by me (us) to cancel it three business days before the next scheduled debit.

\_\_\_\_\_  
(Your **Name & Phone Number** - PLEASE PRINT)

\_\_\_\_\_  
(Your **Address** - PLEASE PRINT)

\_\_\_\_\_  
(Name of YOUR Financial Institution)

\_\_\_\_\_  
(If Available: Address of Financial Institution-Branch,City,State & Zip)

\_\_\_\_\_  
(Your **Signature**)

\_\_\_\_\_  
(Today's **Date**)

### Donation to: Penfield Christian Homes

#### **One-Time/Single Donation**

Amount You Authorize us to Draft: \$ \_\_\_\_\_ on: \_\_\_\_\_  
(Single Donation Amount) (Date)

**Recurring Donation** - What Month Should we Start this Recurring Donation? \_\_\_\_\_

Amount You Authorize us to Draft: \$ \_\_\_\_\_ on the: 1<sup>st</sup> or 15<sup>th</sup> of every month, until this stop  
(Monthly Recurring Amount) (Circle ONE)  
date \_\_\_\_\_ is reached.  
(Stop Date)

Your Financial Institution **Routing Number**: \_\_\_\_\_

Your Checking/Savings/MM **Account Number**: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

**|: 123456789**      **|: 1234567**  
Routing Number      Account Number

# PENFIELD CHRISTIAN HOME, INC.

## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### Customer Information (To be completed by merchant)

Customer name: \_\_\_\_\_ Customer account number: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

### Payment Information (To be completed by merchant)

I authorize PENFIELD CHRISTIAN HOME, INC. to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  
 Quarterly  Semi-Annually  Annually (Check only one)

Start billing on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End billing when:  Contract expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Customer provides written cancellation

### Credit Card Information (To be completed by customer)

PENFIELD CHRISTIAN HOME, INC. accepts the following credit cards: **Visa, MasterCard, Discover**

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
\_\_\_\_\_ (as shown on credit card) \_\_\_\_\_ (from credit card billing address)

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_