

AUTOMATIC DONATION AUTHORIZATION

Date

Phone #

Account Information (required to be completed)

Name

Address

Email	Amou		nt to Donate	
Recurring Donatio	n by Credit Card (complete only if applicable)			
Credit Card Type Visa, Mastercard, Discover	Security Code	9		
Card #	Billing Zip Co	de		
Expiration Date		Recurring Period? Monthly, Quarterly, Annually		
	rom Bank Account (complete only if applicable) deposit slip is required with debit authorization.			
Bank Name	Account #			
Bank Address	Routing #			
Bank Phone #	Checking or S	Savings?		
Driver's License #	Recurring Pe Monthly, Quarterly			
ENTERED. I UNDERSTA PAYMENT PERIOD I HA IF THE CENTRAL TEXAS SPCA TO INITIATE THE THIS AUTHORIZATION	TRAL TEXAS SPCA TO CHARGE/DEBIT THE ACCOUNT INDICATION THAT MY CREDIT CARD WILL BE CHARGED OR BANK ACCOUNTED THAT MY CREDIT CARD WILL BE CHARGED OR BANK ACCOUNTED THAT MY CREDIT CHARGES/DEBITS FUNDS FROM THE ABOUNT OF EXCEED THE TOTAL AMOUNTED THE TOTAL AMOUNTED THAT IN THE TOTAL AMOUNTED THAT IN THE THIS AUTOMATIC CHARGE/DEBIT.	OVE ACCO	BE DEBITED BAS UNT, I AUTHOR THE ENTRY IN C	ED ON THE RECURRIN ZE THE CENTRAL TEXA
Signature		Date		