

# Pay It Forward Donation Form



## KROC MEMBERS ONLY

NAME (FIRST, MIDDLE, LAST)

BIRTHDATE

PHONE

EMAIL

MONTHLY DONATION AMOUNT  \$5  \$10  \$20  OTHER

### AUTOMATIC PAYMENT ADDENDUM

I, the undersigned, hereby authorize The Salvation Army Ray & Joan Kroc Center to charge my current form of payment on file for the additional fees listed above. I understand that these fees will be in addition to/included in my monthly membership dues and will be processed on or around the 20th of each month for the next month's fees.

I also understand that I must submit a written notice of cancellation on any additionally added charges no later than end of business day on the 10th of the current month in order to stop these fees from being debited from my account on or around the 20th of the current month for the next months fees.

SIGNATURE OF BANK ACCOUNT HOLDER

DATE

## KROC SILVER & FIT & NON-MEMBERS ONLY

NAME (FIRST, MIDDLE, LAST)

BIRTHDATE

PHONE

EMAIL

MONTHLY DONATION AMOUNT  \$5  \$10  \$20  OTHER

To change to a new bank account or credit card, a new Authorization Agreement for direct payments must be completed and signed.

### OPT 1: AUTOMATIC MONTHLY ON VISA/MC/AMEX/DISCOVER

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard around the 20th of each month—for the next month's dues. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days).

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

NAME (AS IT APPEARS ON CARD)

BILLING ADDRESS

CITY, STATE, ZIP

CARD #

EXPIRATION DATE (MM/YY)

SIGNATURE

DATE

### OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the provided bank account at my financial institution. I understand that all debits from my bank account will be conducted around the 20th of the current month for the next month. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until The Salvation Army Kroc Center has received written notification from me of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 10 business days). Returned EFTs will incur a \$20 fee.

NAME OF BANK ACCOUNT HOLDER

BANK NAME

ACCOUNT #

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

SIGNATURE

DATE

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION.

INTERNAL USE:  
ATTACH VOIDED CHECK

FOR INTERNAL USE ONLY:

ACCEPTED/ENTERED BY

DATE

MONTHLY PAYMENT AMOUNT: \$

FIRST WITHDRAWAL DATE: