

Automatic Withdrawal Authorization Form

This Automatic Withdrawal Form is used for authorizing Pine Lake Preparatory to withdraw donations directly from your bank account at the time period specified below. Please complete all three sections.

SECTION 1:	Designation of Gif			
Payment of: \$	Time	_		
Payable:	Monthly Quarte	rty Semi-Annually	Annually	
SECTION 2:	Authorization for A	utomatic Withdrawa	əf	
Start Date: (mr	n/yy)/	(Withdrawals will be ma	ade on or about the 15th day of th	ne month in which payment is due.)
Type of accoun	t: Checking	Savings		
Bank Name:				_
Routing # (9 Di	gits):			_
Account # (10 l	Digits):			-
Please attach a	VOIDED check.	·		
SECTION 3: F	Personal Information	on	**************************************	
Name:				_
Street Address:		.,,,,		_
City:		State:	Zip:	_
Phone: ()		_Email:		-
I hereby authorize my account indica account. It is und	and request Pine Lake F sted on the voided check ierstood that this agreem	copy provided, and I autho ent may be terminated by i	awals in the amount listed above at th rize and request BANK to accept my d me at any time by written notification t	ne time period specified by initiating debit entries to lebit entries initiated by Pine Lake Preparatory to such to Pine Lake Preparatory. Any such notification to Pine lipt of such notification and a reasonable opportunity
Signature:				Date [.]

All contributions are tax-deductible to the extent provided by law. Consult your tax professional for specific information.