



OA Varsity Donation

AUTOMATIC PAYMENT PLAN

I desire to schedule my donations through Orangewood Academy's Automatic Payment Plan. I authorize OA to establish automatic payments from my bank account as identified in Section II of this agreement.

I understand that any changes to my account must be made by me through OA.

I. PERSONAL INFORMATION (Person responsible for donation. Name must match signature below.)

Name First Last Daytime Phone # - -
Address Evening Phone # - -
City State Zip
E-mail

II. DONATION OPTIONS

A. Donation Type

Automatic BANK Withdrawals

Please submit a voided check

Checking Account Number

Savings Account Number

Routing Number

Bank Name

Automatic CREDIT CARD Withdrawals

Credit Card Account Number - -

Name on Card

Expiration Date / Validation/Security Code (from back of card)

Circle one: American Express Discover MasterCard Visa

B. Donation Frequency and Schedule

Donation Date (**BANK** withdrawals only): 5th 20th
Donation Date (**CREDIT CARD** only): 10th
Date of First Donation: ____ / ____ / ____
Donation Frequency: Monthly Semi-monthly Other _____

C. Donation Terms

Number of Donations:

Amount of Each Donation: \$, .

Notes: