

MISS HALL'S SCHOOL

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TO BE COMPLETED BY MHS:

PROCESSED BY:

D.O. Initials _____ Date: _____

B.O. Initials _____ Date: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC GIFT TRANSFER

By completing the **three sections** below, I (We) hereby authorize Miss Hall's School, herein after called MHS, to initiate a charge to my (our) credit card or debit card by completing OPTION A below OR to initiate a debit entry to make withdrawals from my (our) checking or savings account by completing OPTION B below. These funds will be designated to the Fund for MHS as specified below.

I (We) agree to maintain sufficient funds in my (our) account to enable MHS to make this transaction. If sufficient funds are not available on two occasions, MHS may cancel this authorization. I (We) may terminate this agreement by giving fifteen (15) days written notice prior to the next scheduled transaction date.

1. COMPLETE OPTION A OR B

OPTION A: CREDIT OR DEBIT CARD INFORMATION:

INDICATE IF INFORMATION IS: NEW CHANGE Explain Change: _____

TYPE OF CREDIT/DEBIT CARD: VISA MASTERCARD AMEX

CARD # _____ EXPIRATION DATE _____

OPTION B: CHECKING OR SAVINGS ACCOUNT INFORMATION:

INDICATE IF INFORMATION IS: NEW CHANGE Explain Change: _____

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT # _____ OR SAVINGS ACCOUNT # _____

ATTACH VOIDED CHECK OR DOCUMENT VERIFYING ACCOUNT NUMBER

2. GIFT INTENTION AND TRANSFER INFORMATION

MY (OUR) GIFT IS DESIGNATED FOR THE FUND FOR MHS.

GIFTS ARE: MONTHLY QUARTERLY SEMI-ANNUAL ANNUAL (ONE-TIME TRANSACTION)

OTHER (explain): _____

TRANSFER \$ _____ ON (DAY OF MONTH): 10TH OR 20TH BEGINNING (MO/YR): _____

TRANSFERS SHOULD CONTINUE: UNTIL FURTHER NOTICE* OR THROUGH (MO/YR): _____

**15 days advance notice required to terminate agreement.*

3. DONOR NAME AND SIGNATURE

DONOR NAME (Please Print): _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____