

Please complete, sign and return this form by the 10th of the month to begin withdraws on the 5th of the following month.

Authorization for Direct Payment Plan

I authorize The Catlin Gabel School (CGS) to initiate withdrawals from my account at the financial institution named below for monthly payment of my CGS charitable gift. This authorization will remain valid until revoked by me, CGS, or my financial institution.

I can suspend or discontinue my participation in the Direct Payment Plan by notifying the CGS Business Office at any time prior to 3:00 p.m. on the 2nd of the month. (Three business days are necessary prior to the next scheduled payment in order to accomplish the request. Please be sure to speak to a business office person to ensure receipt and timely action.

I understand that the Direct Payment Option is an alternate method of payment only and does not otherwise affect my rights or the rights of CGS or my financial institution with respect to each other. I further understand that CGS and my financial institution reserve the right to terminate the Direct Payment Plan and /or my participation in the Plan.

Please complete your payment instructions:

- ☐ Please deduct \$ _____ from my account named below starting on the 5th day (or next business day) of the month of _____, 2010 and ending on the 5th day of _____.
This authorization form is valid for payments that I may schedule on future dates.

Donor Name(s): _____

Authorized Account Holder signature

Date

Joint Account Holder Signature

Date

Please retain a copy of this authorization for your records.

Bank Information:

Bank Name: _____

Address: _____

City, State: _____

Routing Number*: _____

Account Number*: _____

This is a ☐ Checking ☐ Savings ☐ Account

Please attach a copy of a voided check for checking accounts.

Please attach a copy of a deposit slip id using a savings account.

☐ Personal ☐ Business ☐ Account

**For verification purposes, please attach a voided check, not deposit slip.*
