



AUTOMATIC PAYMENT (EFT / ACH) AUTHORIZATION FORM

Please complete this form, attached voided check, if required and mail to:

Iowa City Community School District Foundation
509 South Dubuque Street
Iowa City, IA 52240
Phone: (319) 688-1012; Fax: (319) 688-1013

PERSONAL INFORMATION

Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Home E-mail: _____ Business E-mail: _____

GIFT DESIGNATION

Please designate my gift to: Excellence Fund
 Other _____
(Please designate how your gift should be used)

AUTOMATIC PAYMENT INFORMATION (Choose Bank Account OR Credit Card Option)

Bank Account

I authorize the ICCSD Foundation to deduct from my bank account:
\$ _____ per month *(Your donation will be deducted from your checking account on the 4th of each month.)*

Bank Information

IMPORTANT: Please enclose a voided check (not a deposit slip) for account verification.

Your financial institution: _____

City: _____ State: _____

Financial institution's routing number: _____
(The nine-digit sequence of numbers appearing at the bottom of your check.)

Checking account number: _____

Credit Card

I authorize the ICCSD Foundation to deduct from my credit card:
\$ _____ per month *(Your donation will be deducted from your credit card on the 4th of each month.)*

VISA Mastercard Expiration Date: _____

Discover AmEx Card #: _____

AUTHORIZATION (Signature Required)

I hereby authorize the Iowa City Community School District Foundation to initiate monthly debits, beginning on the 4th day of the following month and continuing each month thereafter. I understand that both the Iowa City Community School District Foundation and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

Signature: _____ Date: _____

(Aug. 2010)