

# DONOR AUTHORIZATION FORM

I hereby authorize

\_\_\_\_\_,  
(Print name of your financial institution)

on my behalf, to make my periodic payment from the checking, savings or credit card account listed below and transfer that payment to *Save the Manatee® Club, Inc.*

CHOOSE ONE:

\_\_\_ Checking Account Transfer

\_\_\_ Savings Account Transfer

\_\_\_\_\_  
(9-digit routing number)

\_\_\_\_\_  
(Bank Account Number)

Credit Card Charge:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

\_\_\_\_\_  
(Credit Card Number)

\_\_\_\_\_/\_\_\_\_\_  
(month/year)  
(Expiration Date)

GIFT AMOUNT \$ \_\_\_\_\_

FREQUENCY OF GIFT:

\_\_\_ Monthly \_\_\_ Quarterly

\_\_\_ Semi-annually \_\_\_ Annually

I understand that I am in full control of my payment. If at any time I decide to make any changes or to discontinue this service, I will notify *Save the Manatee® Club*. Change of payment method will not affect the terms of my agreement.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)