



Recurring Gifts Authorization

I (we) _____ authorize Advent Christian Village, Inc. to initiate a charge to my (our) account as listed below and to initiate a charge to my (our) account if necessary for any transactions credited/debited in error. This authority will remain in effect until I notify ACV in writing. All notifications must be received by the first of the month in order to alter the month's transactions.

1. **Amount:** \$ _____ **To be used for** _____.

2. **Frequency:** ___ Monthly ___ Quarterly ___ Semi-annually ___ Annually

I prefer that my gift be withdrawn on the ___ 5th or the ___ 15th of the month. (Choose one)

Please begin my first gift _____ (month)/_____ (year).

3. **Duration.** Please continue these regular gifts to ACV:

___ until _____ (month)/_____ (year).

___ indefinitely (I understand that I must send written notification if I wish my gifts to change.)

4. Payment Method

— Bank Account

Name of Financial Institution _____

Location (City, State) _____

Financial Institution's Routing/Transit Number: (Between the | : | : on your check.)

Checking Account Number: _____

Please attach a voided check or Deposit Slip.

— **Credit/Debit Card Charge:** Visa MasterCard Discover

Account Number: _____ Exp. Date: _____

Address: _____

Daytime Phone Number: _____ (in case we have questions.)

X _____
Signature **Date**

Please sign and send to the Office for Resource Development, PO Box 4305, Dowling Park, FL 32064