

# Marshall School Charitable Donation

## Automatic Payment Plan Authorization (ACH)

I (we) authorize Marshall School to initiate monthly debit entries as follows:

Withholding of monthly tax deductible donation of \$\_\_\_\_\_ in support of:

\_\_\_ Annual Fund

\_\_\_ Topper Teacher Fund

\_\_\_ Other (please specify) \_\_\_\_\_

I (we) hereby authorize Marshall School to initiate debit entries on approximately the 15<sup>th</sup> day of each month beginning \_\_\_\_\_ and each month thereafter until I (we) notify the Director of Advancement at Marshall School.

Marshall School is also authorized to initiate, if necessary, credit entries and adjustments for any entries made in error to my (our) account indicated below.

**NSF Fee:** A returned payment fee of \$30 will be charged for all payments declined due to insufficient funds.

### Account Information

Financial Institution Name: \_\_\_\_\_

Checking Account: \_\_\_\_\_ (*Please attach a voided check*)      Savings Account: \_\_\_\_\_

Account #: \_\_\_\_\_      Routing #: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_      Date: \_\_\_\_\_

\_\_\_\_\_      Date: \_\_\_\_\_