



PACIFIC CREST ACADEMY ANNUAL FUND

Checking/Savings Withdrawal Authorization Form

Allow 10 Days For Processing

Type of Authorization Form:	
<input type="checkbox"/> New <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation
Last Name:	First Name:
Phone Number:	Address:

Please debit my contribution from my (check one):	
<input type="checkbox"/> Checking Account	Routing Number: -----
<input type="checkbox"/> Savings Account	Account Number: -----

Automatic Withdrawal Dates: January 1, 2010 - June 1, 2010	
Deducted over 6 months: January 1, February 1, March 1, April 1, May 1, June 1	Please withdrawal \$_____ Monthly, on the 1 st January 2010 - June 2010
Special Instructions:	

Agreement:

I authorize the above school to process debit entries to my account.

Authorized Signature: _____ Date: _____



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Credit Card Charge Authorization Form
Allow 10 Days For Processing

Type of Authorization Form:	
<input type="checkbox"/> New <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation
Last Name:	First Name:
Phone Number:	Address:

Automatic Withdrawal Dates: January 1, 2010 - June 1, 2010	
Deducted over 6 months: January 1 st , February 1 st , March 1 st , April 1 st , May 1 st , June 1 st	Please withdrawal \$_____ Monthly, on the 1 st January 2010 - June 2010
Special Instructions:	

Credit Card	
Please charge my contribution to my (check one):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Credit Card Number:	Expiration Date:
Name on Card:	Billing Address (if different from above):

Agreement:

I authorize the above school to charge my credit card in accordance with the information above.

Signature (as it appears on the card): _____

Date: _____