

AUTOMATED DEBIT AUTHORIZATION FORM

Authorization of Automated Monthly Donations via Electronic Debit

I (we) authorize John Randolph Foundation to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows: Select One: ☐ Checking Account ☐ Savings Account Bank Name: _____ Bank Routing Number: _____ Account Number: _____ Monthly Gift Amount: \$ ______ Please note that your account will be debited on the 5th of each month. Please print your name(s) the way you wish your donation to be recorded: Name(s): First Name(s) Last Name(s) Address: _____ Phone: Email: My donation is made:

In honor of In memory of ______ Please notify this person of my gift:

Name

Address Address Gift designations: To designate your monthly gift to a specific fund(s), please list the amount to be applied to the fund(s) as a percentage or an amount each month. If left blank, your gift will be unrestricted. Gift receipts: Thank you for creating your monthly donation to John Randolph Foundation! You will receive a gift receipt after your first gift. You will then receive a gift receipt in early January for all gifts made in the calendar year. If you prefer to receive monthly receipts, please let us know. I (we) understand that this authorization will remain in full force and effect until I (we) notify John Randolph Foundation in writing either by email to kfoster@johnrandolphfoundation.org or by mail to John Randolph Foundation, PO Box 1606, Hopewell, VA 23860, that I (we) wish to revoke this authorization. I (we) understand that John Randolph Foundation requires at least 5 business days prior notice in order to cancel this authorization. I (we) understand that the account will be debited on the 5th of each month. If the 5th falls on a weekend or a holiday, the transaction will post on the next business day. Printed Name(s): _____ Signature(s): ______ Date: _____ Date: