

American Monetary Institute

Direct Debit Donation Form

We are pleased to offer you a new option which will allow you to schedule monthly reoccurring donations to the AMI.

With this Direct Debit Donation system you can opt to have your donation deducted automatically from your checking or savings account. And you don't need to change your present banking relationship to take advantage of this service.

The Direct Debit Donation system will help you in several ways:

- Saves time-fewer checks to write.
- Helps meet your commitment in a convenient and timely manner- even if you're on vacation or out of town.
- Saves postage.
- Easy to sign up for, and easy to cancel.

Please fill out the form and return to:

The American Monetary Institute
P.O. Box 601
Valatie, NY 12184

You authorize regularly scheduled monthly donations to be deducted from your checking or savings account. Your donations will be made automatically on the specified day. Your donation will appear on your checking or savings statement. The authority your give to debit your account will remain in effect until your notify us in writing to terminate the authorization. Direct Debit Donations are dependable, flexible, convenient and easy. For any questions, call 847-359-6463.

What do I need to do?

1. Mark the box before type of account to indicate whether your donation will be deducted from your checking or savings account.
 2. Fill in your name, financial institution name and location, and date.
 3. Attach a voided check for verification of all financial institutional information. If you are unable to attach the voided check, please fill in your account number and routing number.
- Note: Be sure to sign the form!

Authorization for Direct Debit Donations

I authorize the American Monetary Institute to initiate monthly electronic debit entries to my:

Check one Checking Account____ or Savings Account____

In the amount of \$_____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

Day of the month that you want the money taken out of your account_____

Financial Institution Name (Please print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transfer Number _____

Financial Institution City and State_____

Signature _____

FEDERAL TAX ID 22-6713770 501C3 NON PROFIT
PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS