



# King City Rotary Foundation

## Recurring Donation Authorization Form

Schedule your donation for our Centennial/First Tee Project to be automatically charged to your credit or debit card. Just complete, sign, and return this form to get started!

### How Recurring Payments Work:

You authorize regularly scheduled charges to your credit/debit card. You will be charged the amount indicated below on the date specified. A receipt for each payment will be emailed to you, and the charge will appear on your bank statement as a debit.

**Please complete this form and return it to: Mikel Ann Miller Or email it to: [kcrotary.628@gmail.com](mailto:kcrotary.628@gmail.com)**

I \_\_\_\_\_ authorize the King City Rotary Foundation, to charge my credit card:

☐ Once a month in the amount of \$\_\_\_\_\_ for 24 months.

☐ I authorize a one time payment of: ☐ \$5,000 ☐ \$2,500 ☐ \$1,500 ☐ \$1,000 ☐ \$\_\_\_\_\_

Billing Address \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV (3 digit number on back of card) \_\_\_\_\_

### Authorization:

By signing below, I authorize the King City Rotary Foundation to charge my credit/debit card according to the details provided above. **I understand that donations are tax-deductible as the King City Rotary Foundation is a 501(c)(3) organization**, and a receipt for each payment will be emailed to me. Charges will appear on my bank statement as a debit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your generous support!**

I understand that this authorization will remain in effect for 24 months or until I cancel it in writing, and I agree to notify the King City Rotary Foundation. A 3% transaction fee applies for all credit card payments. Payment dates that fall on a weekend or holiday may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of debit transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank/credit card account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.