

KNIGHT VISION CAMPAIGN

Authorization Agreement for KNIGHT VISION (ACH Debit)

Donor Name(s) _____

I/we _____ hereby authorize Ontario Christian School (OCS), to initiate debit entries (and to initiate, if necessary, credit entries and adjustments for any debit entries in error) to my/our Checking Savings account (select one) indicated below, and authorize Ontario Christian School, to debit and/or credit the authorized account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Please designate my gift for:

FALL FUND DRIVE BLESSINGS CAMPAIGN LEARNING ENVIRONMENT

BANK NAME _____

ROUTING # _____ ACCOUNT # _____

DONOR EMAIL ADDRESS: _____

DEBIT OPTION: Monthly One Time Gift of \$ _____

DATE OF MONTH TO WITHDRAWAL (*monthly only*) 5th 20th

STARTING DATE: _____

This authority is to remain in full force and effect until Ontario Christian School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Ontario Christian School a reasonable opportunity to act on it.

DONOR NAME _____ DATE _____

DONOR SIGNATURE _____ DATE _____

PLEASE ATTACH VOIDED CHECK AND RETURN TO THE BUSINESS OFFICE
located at 931 W. Philadelphia St., Ontario, CA 91762
Other ways to pay can be found on our website knightvision.ocschools.org

OFFICE USE ONLY

DATE ENTERED

ACH END DATE