

P.A.W. Authorization Form
PLANNED AUTOMATIC WITHDRAWAL

I pledge \$ _____ *per month. Please transfer my gifts from my:

- Option 1 – Bank Account (This transaction will occur on the 20th of each month)
- Personal Account or Business Account
- Checking Account (please attach a voided personal check to activate this pledge)
- Savings Account (please attach a saving account deposit slip to activate this pledge)

Name of Financial Institution

Routing Transit Number (nine digit)

Option 2 – Credit Card (This transaction will occur on the 20th of each month)

Master Card Discover Card Visa American Express

Name on card _____

Card # _____ Expiration Date _____

Print Name(s) _____

Address _____

City/State/Zip Code _____

Day Phone _____ Evening Phone _____

Email Address _____

Terms of Agreement

I here authorize Clearwater Christian College to transfer funds from my bank account or credit card each month in the amount of the pledge I have indicated. This authorization will remain in full effect until written notification is received in the development office. A record of each gift will appear on my bank or credit statement and I understand that Clearwater Christian College will send me receipts monthly.

Signature _____ Date _____

Completed forms may be submitted to the Development Office using information below. Call if you have questions or concerns.