



Thank you for authorizing this recurring ACH Donation/Payment

You authorize regularly scheduled donations from your checking/savings account. The amounts specified by you below will be charged monthly for the period you have selected. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You understand and agree that no prior-notification will be provided.

I _____ authorize Casa Q, Inc. to charge
(Full Name)

my bank account indicated below for \$ _____ monthly for the period of
____ 1, ____ 2 or ____ 3 years.

This payment is a qualified donation to Casa Q, Inc. a 501c3 recognized organization and will be acknowledged annually in a year-end statement.

Your Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

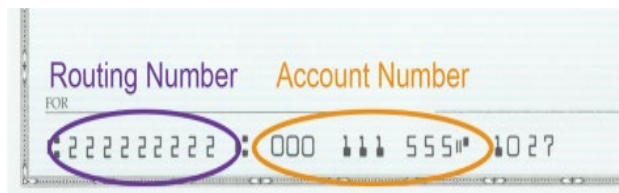
☐ Checking ☐ Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing or the term above expires. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

Please list your name(s) exactly as you would like them acknowledged:

_____ or [] please make my gift anonymous.