



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: _____ Phone: _____
(As it appears on financial institution records)

Address: _____ City: _____ State: _____ Zip: _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Checking Account #: _____

I hereby authorize the Financial Institution named above to pay my monthly donation (check one):
 By charging each payment to my account and to make that deduction payable to the order of Pi Kappa Phi Theta Alpha Alumni Chapter. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Pi Kappa Phi Theta Alpha Alumni Chapter reserve the right to terminate this payment plan (or my participation therein).

Giving Level	Every Other Week or Monthly Draft	Yearly Donation
Crossed Swords Members	\$5 per week*	\$250.00
Order of the Rose	\$10 per week*	\$500.00
Star and Lamp Society	\$15 per week*	\$750.00
Founders Club	\$20 per week	\$1,000.00
Other Weekly Donation	\$____ per week*	

I would like my donation to be deducted from my account (Check One): Every Other Week Monthly

Yearly donations may be made in three equal payments. Please send payments to address below.

SIGNATURE: _____ DATE: _____

NOTE: Please return this authorization and a VOIDED check on your account to one of the following:

-OR-

 Johnny Kochtitzky

 Apt #1

 729 High Street

 Jackson, MS 39201

Email:
johnnykochtitzky@yahoo.com

Please call Johnny at (601) 606-9499 for fax #

*Donations will be debited on the 1st and 15th of every month. If these dates should fall on a non-business day, the donation will be debited on the first business day following the 1st or 15th.

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