



CASA PACIFICA

CENTERS FOR CHILDREN & FAMILIES

Providing Hope & Help

Monthly Giving Program Authorization

Name: _____ Spouse Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I (We) authorize Casa Pacifica to effect payment to Casa Pacifica of the amount indicated below by me (either of us). As such amounts become due, I (we) authorize Casa Pacifica to initiate debt entries to my (our) account indicated below. I (We) authorize the bank to accept any debit entries to my (our) account initiated by Casa Pacifica and to debit the same to my (our) account.

Amount of Authorization: \$ _____ per month (min \$10.00)
 Would you like Casa Pacifica to continue until otherwise notified?
 Yes No Date to Discontinue: _____
**All transactions will be posted to your account on the 15th of each month.*

FOR CREDIT CARD MASTERCARD VISA AMEX *(Please check type of card)*

Credit Card #: _____ Expiration (mo/yr): _____
 Name (as it appears on card): _____
 Billing Address: _____
 Authorized Signature of Card Holder (REQUIRED): _____

FOR CHECKING ACCOUNT *(Please include a voided check)*

Bank Name: _____
 Bank Address: _____
 Bank City: _____ Bank State: _____ Bank Zip: _____
 It is understood this agreement may be terminated by me (either of us) at any time by written notification to Casa Pacifica or the bank. Any such notification to Casa Pacifica shall be effective only with respect to entries initiated by Casa Pacifica after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the bank shall be effective only with respect to entries debited to my (our) account by the bank after receipt of such notification and a reasonable time to act on it.
 Name(s): _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____
If joint bank account, both parties must sign.

Return form by mail, email or fax:
 Casa Pacifica, Attn: Carrie Hughes
 1722 S. Lewis Rd
 Camarillo, CA 93012
 chughes@casapacifica.org
 (805) 987-0258 fax

Questions?
 Please contact Carrie Hughes at (805) 445-7831 or
 chughes@casapacifica.org

Or contact your referring committee member:
 Name: _____ Phone: _____