

CONSUMER AUTHORIZATION FOR MONTHLY DONATIONS

I (we) authorize The Banquet ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits¹) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Credit Card:

Visa / Mastercard / Am Ex / Other: _____

Name as it appears on the card: _____

Card number: _____

Expiration date: _____ cvc code: _____

Billing zip code: _____

Amount of debit(s) [or specify range of acceptable dollar amounts authorized]:

_____.

Monthly donation: Donations will be withdrawn on the 15th of each month, or the first business day following the 15th unless otherwise specified.

Please withdraw my donation on the following day: _____

Weekly donation: Donations will be withdrawn every Friday, or the following Monday if there is a holiday.

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Banquet in writing to 900 E 8th Street, Sioux Falls SD 57105 that I (we) wish to revoke this authorization. I (we) understand that The Banquet requires at least 30 days prior notice in order to cancel this authorization.

Name(s) (Please Print): _____

Address: _____

City/State/Zip: _____ Phone: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please designate my gift for: General SOS Food Milk Christmas
Undesignated gifts support the general fund of The Banquet.