



Authorization for Monthly Credit Card or Direct Debit (ACH) Contributions

Return to: Newman Center, 104 East Jefferson Street, Iowa City, IA 52245 or Fax 319-337-6858

AUTHORIZED BY

Name: _____
(include both names if joint bank account)

Address: _____
(as filed with your financial institution)

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail _____

GIFT INFORMATION

In consideration of my/our interest in the Newman Catholic Student Center at The University of Iowa and in support of its mission, I/we wish to make a monthly gift beginning in _____ (month) in the amount of \$ _____ to be paid as indicated in the appropriate section below and applied to the following fund at the Newman Catholic Student Center (check one):

Offertory **or** Annual Fund **or** Other (See attached form for gift designation details.)

OPTION 1: DIRECT DEBIT (ACH/EFT) Authorization

Choose date for monthly debit: 1st or 15th

I /We hereby authorize the Newman Catholic Student Center of Iowa City, Iowa (hereinafter called the Newman Center) and/or Newman Singers Ministries, Inc. (hereinafter called the Newman Singers) to initiate monthly Debit entries to my/our account indicated below and the Depository financial institution named below, hereinafter called Depository, and to credit the same to the Newman Center and/or Newman Singers account(s) as indicated on this commitment form. I/we acknowledge that the origination of electronic funds transactions to my/our account must comply with provisions of U.S. law. This authority is to remain in full force and effect until the Newman Center and/or Newman Singers has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Newman Center and/or Newman Singers and Depository a reasonable opportunity to act on it.

Name(s) of Account Holder(s): _____

Depository Name (Name of Bank): _____

City: _____ State: _____ Zip _____

Routing/Transit # (9 digits) _____

Account Number: _____ Checking Savings

Account Holder(s) Signature(s) (Required) _____
(Include both signatures if joint account)

Date _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

OPTION 2: CREDIT CARD AUTHORIZATION

Your credit card will be charged on the 1st of each month.

Name on Card: _____

Card type (check one): Visa MasterCard American Express Discover Diners Club

Credit Card #: _____ - _____ - _____ - _____

Expiration Date (MM/YYYY): _____ / _____ Authorization Code (usually 3 digits on back) _____

I understand that each transaction will appear on my regular credit card statement showing the name "Newman, Iowa City" or "Newman Singers". I further understand that this agreement will remain in effect until I notify the Newman Center and/or Newman Singers that I wish to change or suspend it, and the Newman Center and/or Newman Singers has a reasonable amount of time to fulfill my request.

Cardholder Signature (Required) _____

Date _____

Thank you for your support!