
THE MUSTARD SEED INC.

1085 Luckney Road | Brandon, MS 39047

AUTHORIZATION AGREEMENT FOR AUTOMATIC RECURRING DONATIONS

If you would like to enjoy the convenience of automatic recurring donations, simply complete one of the two sections below and sign and date. All requested information is required. Upon approval, we will automatically charge your credit card or draft your bank account for your designated donation amount. No additional fees will be added to your designated total without prior approval. Your donation will be processed between the 15th and 20th of each month, and your total charges will appear on your monthly bank or credit card statement. You may cancel this automatic donation at any time by contacting the office in writing or calling us at 601-992-3556.

DONOR INFO

Title: Dr. and Mrs. Mr. and Mrs. Dr. Mr. Mrs. Miss Ms. Other_____

Donor Name: _____ Daytime Phone: _____

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

I hereby authorize the Credit Card Company or Financial Institution named below to pay my **MONTHLY, QUARTERLY, YEARLY (please circle one)** donation in the amount of \$ _____ to begin on the 15th of the month of _____ by charging each payment to my account to make that deduction payable to the order of The Mustard Seed, Inc. 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 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 that The Mustard Seed, Inc. reserves the right to terminate this payment plan at any time.

Donor Signature: _____ Date: _____

RECURRING CREDIT CARD DONATION

Card Type: AMEX VISA MasterCard

Name (as shown on card): _____ Billing Zip Code: _____

Card Number: _____ Exp: _____ CVV: _____

Notify me via email when my card is charged. Email: _____

RECURRING BANK DRAFT DONATION

Name (as appears on financial institution records): _____

Address On Account: _____

City: _____ State: _____ Zip: _____

Name of Financial Institution: _____

Checking Account # : _____ Routing # : _____

PLEASE NOTE: If participating in a Recurring Bank Draft Donation, you must return this form along with a **VOIDED CHECK** from the above-mentioned checking account.