

NAF Credit/Debit/EFT Authorization Form

Yes, I want to save time & money by joining as a Recurring gifter.

Personal Information (*Required Fields)

*Name on Account: _____

*Address: _____

*City: _____ *State: _____ * Postal Code: _____

*Country: _____ Email: _____

*Phone: _____

Gift Information

I Authorize the National Ataxia Foundation to charge my account. (Please select one & fill in amount below)

Select one	Amount
Monthly <input type="checkbox"/> 5 th of each month (\$10.00 a month Minimum)	\$_____ (Monthly amount authorized)

Quarterly <input type="checkbox"/> 5 th of March, June, Sept & Dec (\$30.00 a Quarter Minimum)	\$_____ (Quarterly amount authorized)
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Notes: _____

Credit Card Information Visa MasterCard Discover Debit **AMEX**

*Credit Card Number: _____

*CVV Code: (3-4 digit code on back) _____ *Expiration Date: _____

EFT Banking Information Checking Savings

*Financial Institute: _____

*City: _____ *State: _____ *Phone: _____

*Routing Number: _____

*Account Number: _____

(For EFT please include a voided check or voided deposit slip or we cannot process)

By signing this form, you authorize the National Ataxia Foundation to charge the credit card listed above or instruct your financial institute to debit your account for the amount instructed. The recurring charge will stay in effect until you chose to cancel giving 15 days written notice or by submitting updated information. Your gift will appear on your Account statement automatically. Each **January** you will receive a statement from NAF showing the amount you have donated during the previous calendar year (January-December). **Save this statement for tax documentation.**

Check here if you would like to cancel your recurring gift and on what date _____ 20___. Please sign below and date.

* Signature of Account holder (required)

*Date

The National Ataxia Foundation is a 501 (C) (3) non-profit organization, our Federal Tax ID # is 41-0832903. All donations to NAF are tax deductible to the fullest extent allow by law. Phone: 763-553-0020

Mail to: National Ataxia Foundation, 2600 Fernbrook Ln N, Ste 119, Minneapolis, MN 55447-4752 or Fax 763-553-0167

Date Received: _____ Date Initiated: _____