



# Yes! I want to join the 1859 CLUB

## Agreement for Preauthorized: *(choose one)*

Bank Draft Payments in the amount of \$18.59 per month until otherwise notified.

I hereby authorize and request the Arch Foundation, hereinafter called COMPANY, to initiate debit/credit entries to my Checking account indicated below at the depository named below, hereinafter called DEPOSITORY.

COMPANY NAME **The Arch Foundation**

DEPOSITORY NAME

BRANCH

CITY, STATE & ZIP

ROUTING NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME

SOCIAL SECURITY #

SIGNATURE

DATE

Credit Card Payments in the amount of \$18.59 per month until otherwise notified.

I authorize and request the Arch Foundation to charge my regular gifts to the following credit card account:

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE

Automatic Credit Card gifts may be terminated by written notice to the Arch Foundation Gift Accounting Office.