

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring donations, simply complete the account information section below and sign the form. All requested information is required. Upon your approval, we will automatically bill your credit/debit card or bank account for the amount indicated and your total charges will appear on your monthly statement. You may cancel this automatic billing authorization at any time by contacting our finance department at Nothing Fancy LLC – 303-250-1128 or Nothingfancy_0905@msn.com.

_____ I (we) hereby authorize Friends Forever – Colorado to initiate a one-time donation in the amount of \$_____.

_____ I (we) hereby authorize Friends Forever – Colorado to initiate monthly contributions in the amount of \$_____ per month.

I (we) further authorize Friends Forever – Colorado to make these charges to my Credit/Debit Card or ACH from the account listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

The authority to automatically charge a credit/debit card or checking account will remain in effect until Friends Forever - Colorado is notified by me (us) in writing to cancel it in such time as to afford Friends Forever and any credit card processing company a reasonable opportunity to act on it.

(Name – PLEASE PRINT AS IT APPEARS ON YOUR ACCOUNT)

(Address – PLEASE PRINT) (Must match the billing address of the account listed below)

(Phone Number)

(Email – PLEASE PRINT)

Please circle one: Visa / Mastercard / Discover / American Express

CARD NUMBER: _____ Exp. Date: _____ Cvv Code: _____

_____ I authorize Friends Forever - Colorado to initiate ACH payments from my bank account.

Routing number _____ Account number _____

(Signature)

(Effective Date)

Please Return to:

Friends Forever – Colorado
PO Box 740243
Arvada, CO 80006-0243

E-mail to: Nothingfancy_0905@msn.com
Fax: 720-943-1675
Phone: Vicky Marshall, Treas. 303-250-1128