

THE PALLADIUM CLUB
Deduction Authorization Agreement

Donor's Account Information (End of year Contribution Receipt Summary will be sent here)

Authorized Name on Account: _____
Business Name on Account: _____
Address on Account: _____
City, State, Zip: _____
Telephone: () _____ Fax # () _____
e-mail address: _____

I choose to pay \$_____ by electronic draft. (Need a Voided Check)

Draftee Name _____
Name of Bank/Credit Union _____
City _____ State _____ Zip _____
Transit/ABA Number _____
Account Number _____ Checking or Savings?
What date each month would you like your donation deducted (1-25) _____

I choose to pay \$_____ by Credit Card/Business Check Card.

Visa MasterCard Discover

Card # _____ 3-or 4-digit security # _____

Exp Date _____ Date each month you request deduction (1-25) _____

Confirmation

I authorize Gleaners Dispatch, Inc. to electronically debit my depository institution or credit card account above on a monthly recurring basis in the amount of \$_____. For the monthly recurring deduction, this authorization will remain in effect until Gleaners Dispatch, Inc. receives written notification of my decision to terminate the deduction, at least five business days prior to the next scheduled deduction, to allow Gleaners Dispatch, Inc. a reasonable opportunity to act on the request.

Signature of Donor _____ Date _____

Signature of Gleaners Dispatch, Inc. Rep _____ Date _____

(You will receive a signed copy of this form for your records)

Mail Completed Form To

GLEANERS DISPATCH, INC. 8207 103rd Street Jacksonville, FL 32210-6553
A nonprofit IRC 501(c)(3) Public Organization that redistributes fresh food to families in need
www.GleanersDispatch.org