

Authorization Agreement for Direct Contributions Monthly Sustainer Membership

Check one: O Begin Debits O Change Information

I/we authorize Como Friends to electronically debit* my/our account (or to charge* my/our credit card) and, if necessary, to electronically credit my/our account to correct erroneous debits (or charges) as follows:

○ Checking Account** ○ Savings Account** at the depository Financial Institution named below. I/we agree that ACH transactions I/we authorize comply with the laws of the United States and all applicable law.
○ Credit Card

Name(s) on the account:	
Address:	
Phone:En	nail:
Depository (Bank) Name:	
Routing Number:	_ Account Number:
OR Credit Card #	Exp. Date:
All sustainers are members. For benefits visit <u>w</u>	ww.comofriends.org/support/monthly-giving/
○ \$5 /month: Como Friend	\$21/month: Como Friends Connector
○ \$8.50 /month: Como Friend Plus	\$42/month: Como Friends Champion
○ \$12.50 /month: Como Friends Supporter	\$84/month: Horace Cleveland Society
O Other amount: \$/month	
Authorized Monthly Contribution Amount: \$_	O Waive Benefits
Date of first debit:	
writing at 1225 Estabrook Drive, Saint Paul, MN	main in full force and effect until I/we notify Como Friends in N 55103; by email at <u>comomembership@comofriends.org</u> ; or voke this authorization. I/we understand that Como Friends ncel this authorization.
Name (please print):	
Signature:	Date:
holiday, the debit will occur on the first busines	ch a voided check or savings deposit slip to ensure proper

Please make a copy of this agreement for your records and return the original to Como Friends, 1225 Estabrook Drive, Saint Paul, MN 55103.