



*Sharing the love and compassion of Christ to enhance lives and alleviate poverty around the globe*

**Recurring Donation Authorization Form:**

Schedule your donation to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form and mail or fax it to the address or fax number located below.

**Here's How Recurring Donations Work:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each donation will be emailed to you and the charge will appear on your bank or credit card statement. You agree that no prior-notification will be provided unless the information provided expires, in which case you will receive notice from us prior to the donation being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize Global Business Solutions Institute, Inc. to charge my  
(Full Name)  
 credit card or bank account indicated below for \_\_\_\_\_ on the \_\_\_\_\_ of each \_\_\_\_\_  
(Amount) (Day) (Frequency)  
 for \_\_\_\_\_.  
(Length of Authorization)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking/ Savings Account**

Checking       Savings


Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**Credit Card**

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_  
 (4 digit number on front for AMEX)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Global Business Solutions Institute, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted donation dates fall on a weekend or holiday, I understand that the donations may be processed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.