



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

Recurring Donation for Sagar - 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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.