



Please complete and return to:
2140 Rochester Ave, Iowa City, IA 52245
319-354-5866

ACH Recurring Payment Authorization Form

I _____ authorize REGINA FOUNDATION to charge my bank
full name

account or debit/credit card indicated below \$ _____ monthly quarterly semi-annually

annually beginning _____ to the **EXCELLENCE FUND**.
month year

Payments will occur on or around the 6th of each month and will show on your bank or credit card statement as 'Regina Foundation.' You will receive a tax receipt in January with a list of the previous year's donations. Please complete, print, and mail this form to the address above.

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

BANK ACCOUNT DEBIT Checking Savings

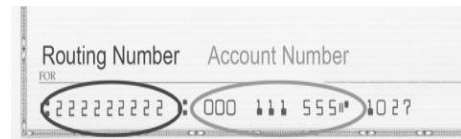
Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



DEBIT/CREDIT CARD CHARGE MasterCard Visa

Name on Card _____

Card Number _____

Expiration Date (MM/YY) _____

SIGNATURE _____ **DATE** _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Regina Foundation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.