



AUTHORIZATION AGREEMENT FOR MONTHLY DONATION

Donors Name: _____

Address: _____

City: _____ Zip: _____

Phone # _____ Email: _____

Please recommend my gift for scholarship assistance to:

Specific School _____ Undesignated

Specific Student _____

Amount of donation: _____

I authorize CSNAZ to automatically charge the following credit card for the amount of donation listed above on the _____ of each month.
DAY

MONTHLY CREDIT CARD DONATION

Visa, MasterCard, Discover and American Express

Credit Card# _____ Exp ____/____

Donor Signature: _____ Date: ____/____/____

DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Children's Scholarship Network of Arizona, Inc., hereinafter called CSNAZ, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account.

I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

This authority is to remain in full force and effect until CSNAZ has received written notification from me (or either of us) of its termination in such time and manner as to afford CSNAZ and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Type of Acct: Checking Savings Account # _____

Name of Financial Institution _____

Donor Signature: _____ Date: ____/____/____

A voided check must be attached to ACH agreement.

Children's Scholarship Network of Arizona, Inc. is a "School Tuition Organization" as defined in A.R.S. 43-1089, and as such, allocates no less than ninety percent of its annual revenue for K-12 educational scholarships to children who qualify under the Arizona program guidelines as and that they attend a qualified non-discriminatory private K-12 urban Christian school, which currently includes the schools of Sahuarita Christian Academy, Inc, Arizona Online Christian Academy, Inc., and Nogales Christian Academy, Inc.