

**Madison County Veterans Memorial Foundation, Inc**

Charge Account Debit Form

**Customer Information**

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home or Cell)

Telephone: \_\_\_\_\_ (Business)

Email: \_\_\_\_\_

**I hereby authorize: Madison County Veterans Memorial Foundation, Inc**

To Initiate ( ) debit/draft

From my ( ) checking account ( ) savings account

**Account Information**

Name Of Bank: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

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

**Please attach a voided check**

From my ( ) Discover ( ) Mastercard ( ) Visa ( ) American Express

**Credit Card Information**

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp. Date : \_\_\_\_\_ CV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Options**

I am authorizing a one time payment in the amount of \$ \_\_\_\_\_

Bill me monthly for \_\_\_\_\_ months in the amount of \$ \_\_\_\_\_ per month

Bill me quarterly for \_\_\_\_\_ quarters in the amount of \$ \_\_\_\_\_ per quarter

Bill me for annually for \_\_\_\_\_ years in the amount of \$ \_\_\_\_\_ per year

I understand that, if necessary, an adjusting debit or credit entry may be made to correct ledger errors.

I duly certify that I am an authorized signer of said account and have the right to enter into this agreement and abide with the contribution terms provided above.

This authority will remain in full force and effect until such time as Madison County Veterans Memorial Foundation, Inc. has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act accordingly.

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Date

