

**Automatic Withdrawal Authorization Form**

I , Fund Administrator for the

Memorial Fund, authorize CharitySmith Nonprofit Foundation to deduct the fees indicated below from the Wells Fargo Bank Account established for this memorial fund.

* I authorize the administrative fee of $602.00 USD to be deducted annually.
* I have enclosed the start-up fee of $850.00 USD in form of a check.
* I have paid the start-up fee of $850.00 USD online https://secure.donationpay.org/charitysmith/

You **must** complete the credit card authorization information below (if the memorial fund does not have adequate funding when the annual administrative fee is due to be deducted, then we’ll charge the $602 to your credit card).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

|  |  |
| --- | --- |
| Cardholder Name |  |
| Full Billing Address |  |
| City State Zip |  |
| Credit Card Number |  |
| Expiration Date |  |
| Signature |  |
| Date |  |
| Printed Name |  |