Audubon Center of the North Woods

Experience Your Environment

Recurring Donation Authorization Form

Schedule your donation to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover card. Just complete, sign and return this form to get started!

Here's How Recurring Payments Work:
You authorize monthly charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank or credit card statement. You agree that no notification will be provided prior to monthly transactions unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete this form and mail to ACNW, PO Box 530, Sandstone, MN 55072.

I, _____, authorize the Audubon Center of the North Woods to charge my bank or credit
print full name
card account indicated below in the amount of $_____on the: ☐ 15th day of each month.
☐ 25th day of each month.

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

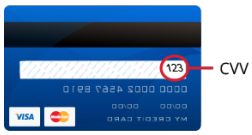
☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name_____

Account Number_____

Expiration Date_____

CVV (3 digit number on back of card) _____



SIGNATURE_____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Audubon Center of the North Woods in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. The mailing address is ACNW, PO Box 530, Sandstone, MN 55072. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 bank/credit card 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.