

## Direct Donation Authorization

COLORADO SPRINGS PHILHARMONIC

I authorize the Colorado Springs Philharmonic to initiate electronic withdrawals from my:  Checking account **or**  Savings account

I authorize a **one time** deduction of \$ \_\_\_\_\_.

I authorize \_\_\_\_\_ **monthly deductions** of \$ \_\_\_\_\_ each.

I authorize **continuous deductions** of \$ \_\_\_\_\_ every month until I cancel this authorization in writing.

I acknowledge that the origination of these automatic deductions from my account must comply with the provisions of US law. This authority will remain in effect until I have cancelled it in writing.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Institution city & state: \_\_\_\_\_

Account no.: \_\_\_\_\_ Routing no.: \_\_\_\_\_

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

Mail or fax completed form to:  
Colorado Springs Philharmonic  
PO Box 1266  
Colorado Springs, CO 80901  
Fax: 719-575-9656