

# BETHANY PUBLIC SCHOOLS FOUNDATION



## MONTHLY BANK DRAFT AUTHORIZATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Internal Use \_\_\_\_\_

I hereby authorize Bethany Public Schools Foundation to begin making monthly deductions in the amount of  \$5.00  \$10.00  \$25.00  \$50.00 or  \_\_\_\_\_ (*select one*) occurring on the  5<sup>th</sup> or  20<sup>th</sup> of the month (*select one*). If the selected date falls on a holiday or weekend, the deduction will occur approximately on the first business day after the selected date. This election will continue every month unless cancelled in writing by me.

The deductions will be from my  Checking Account or  Savings Account (*select one*) and the information for this account is as follows:

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Account  
Number \_\_\_\_\_ Number \_\_\_\_\_

*(Note: Please attach voided check to ensure accuracy of routing and account numbers.)*

I understand that I may cancel this authorization at any time upon written notice to the Bethany Public Schools Foundation, 6721 N.W. 42<sup>nd</sup> St., Bethany, OK 73008 and in such manner to afford the Foundation and its depository a reasonable opportunity to act on it. I also understand that the Bethany Public Schools Foundation may terminate my participation in the Automatic Draft program at any time with notice and will conform to all applicable laws.

I understand that contributions to the Bethany Public Schools are tax-deductible, no goods or services are being received in exchange for this contribution, and my contributions will be used in accordance with the Foundation's mission and by-laws.

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

*Note: Your contribution will begin approximately 2-3 weeks from submission of form.*

**THANK YOU FOR SUPPORTING THE BETHANY PUBLIC  
SCHOOLS FOUNDATION!**