



AL MANARA ACADEMY PLEDGE FORM

Please sign and complete this form to authorize AL MANARA ACADEMY (AMA) to make a monthly ACH/Credit Card debit from your selected account. For ACH, please **attach a voided check** of the account you wish us to debit from for verification and security purposes. By signing this form you give AMA permission to debit your account the total amount due as indicated on this form. This is permission for monthly transactions to be debited on the 25th of each month, and does not provide authorization for any additional unrelated debits or credits to your account. **For your initial setup a completed authorization form along with a voided check (if ACH) must be submitted by the 20th to have your account debited by the 25th of that same month. If the 25th falls on a weekend payment will be processed the next business day.**

Please check one: New Change Cancel

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the AMA Financial Committee to transmit payment data by electronic means to selected financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House or Credit Card Payment System.

ORGANIZATION INFORMATION

ORGANIZATION NAME: **AL MANARA ACADEMY**

ADDRESS: **2141 SAM'S DRIVE, DES PERES, MO 63131**

FED TAX ID:
45-5545322

TELEPHONE NUMBER:
(314) 480-5659

FACSIMILE NUMBER:
(314) 735-4270

DONOR INFORMATION

NAME:

TELEPHONE NUMBER:
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ADDRESS, CITY, STATE ZIP:

EMAIL:

FINANCIAL INSTITUTION INFORMATION

NAME ON ACCOUNT (if different from donor information):

TYPE OF ACCOUNT: Checking Savings Credit Card

CREDIT CARD ONLY: CREDIT CARD NUMBER _____

CREDIT CARD TYPE:

EXPIRATION DATE:

ACH ONLY:

9-DIGIT ROUTING TRANSIT NUMBER: (ABA) _____

BANK ACCOUNT NUMBER: _____

GENERAL ACCOUNT MONTHLY DEBIT AMOUNT:

\$363 (100%) \$272 (75%) \$181 (50%) \$91 (25%) \$50 \$20 Other \$ _____

I (we) wish to have our gift remain anonymous.

OR Please use the following name(s) in all acknowledgements: _____

I hereby authorize AMA to debit the above designated account donation in the amount indicated on this form.

I hereby cancel my ACH or Credit Card Payment authorization.

I certify that I am an authorized user of the bank account as stated above and that I have the authority to authorize this payment on the accounts behalf. I understand that because this is an electronic transaction, these funds may be withdrawn from the account as soon as the above noted transaction date. I acknowledge that the origination of ACH and CC transactions to its account must comply with the provisions of U.S. law. I agree not to dispute this transaction with my bank or AMA provided the transaction corresponds to the terms indicated in this authorization form. I understand that I can cancel this debit at any time by filling this form to cancel the future debits or by verbally notifying AMA's Finance Committee at least 48 hours prior to the next scheduled transaction.

AUTHORIZED SIGNATURE AND PRINT NAME:

TELEPHONE NUMBER:

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OFFICIAL USE ONLY:

AMA COPY

PAYEE/COMPANY COPY

FINANCIAL INSTITUTION COPY

Please make checks, corporate matches, or other gifts payable to: **Al Manara Academy** <http://www.almanara-stl.com> info@almanara-stl.com



EXAMPLE OF VOIDED CHECK

John Smith
Mary Jones
1000 Prairieview Lane
Anyplace, WI 54321

VOID

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

ANYOLD BANK
Anyplace, WI 54321

For _____

|:250250025 |: 20202008611 1234

15-000000000 1234

Do not include the check number.