



RECURRING GIFT AUTHORIZATION FORM

Name(s): _____

Address: _____
Street City State, Zip

Phone No.: _____ Email: _____
where receipts/notifications should be sent

I/We wish to make a recurring tax-deductible gift to Art Works in the amount of:

\$1,000 \$500 \$250 \$100 \$50 other: _____

Every:

month 6 months year other: _____

BANK ACCOUNT INFORMATION

I/We hereby authorize Art Works to initiate automatic debit entries and to initiate, if necessary, credit entries and adjustments for debit entries in error, to my/our account indicated below. The Financial Institution indicated below shall also be authorized to credit and/or debit the same to my/our account.

FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: ___ Checking ___ Savings

This Authorization is to remain in full force and effect until Art Works has received written notification from me/us of its termination in such time and in such manner as to afford Art Works and the Financial Institution named above a reasonable opportunity to act on it.

SIGNED: _____

DATE: _____

PLEASE NOTE: All account owners must sign for jointly held accounts

**YOUR COMPLETED FORM MAY BE EMAILED TO: admin@artworkseagan.org
OR MAILED TO: Art Works, 3795 Pilot Knob Road, Eagan, MN 55122
QUESTIONS?: Call us during business hours: 651-330-4242**