



To carry on the work of Christ by fostering philanthropy

DONOR ADVISED FUND AUTOMATIC PAYMENT REQUEST FORM

Authorization for calendar year _____ Cancellation effective date ___ / ___ / ___

Fund Information

Fund Name: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

Authorization

I hereby authorize an automatic payment in the amount of \$____,____.____ to be withdrawn or charged on the:

- First day of each month
- First and fifteenth day(s) of each month
- Last day of each quarter
- Annually

Beginning ____ / ____ / ____ from the following bank or credit card account:

Checking Account:

Bank Name: _____

Account Number: _____ Routing Number: _____

OR

Credit Card: Visa MC AMEX Discover

Name on Card: _____ Card Number: _____

Expiration Date: ___ / ___ CID#: _____ (3 or 4 digit code)

This contribution will be deposited to the Catholic Community Foundation's general checking account to be designated to the above named fund.

Signature

Fund Advisor

Signature

Date

Catholic Community Foundation
400 East Monroe Street | Phoenix, AZ 85004
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