

Authorization for Direct Donations (ACH Debit)

Please provide the information below to initiate a monthly gift to Regent College Foundation from a US bank account. Mail the completed form to **Regent College Foundation, P.O. Box 33276, Seattle, WA 98133.**

1. Gift Information

I would like to make a monthly gift of: \$

I understand that this amount will be withdrawn from my account on a monthly basis beginning next month or as soon as possible thereafter. Withdrawals will take place on or around the 15th day of each month.

2. Donor Information (Required)

.....
Name

.....
Phone

.....
Email

.....
Address

.....
City

.....
State

.....
ZIP code

3. Account Information (Please provide the following, or enclose a voided check.)

..... **Account type:** ☐ Checking ☐ Savings
Bank Name

.....
Branch transit no. (9 digits)

.....
Account no.

4. Agreement

By signing below, I authorize the charges specified above.

.....
Signature

.....
Date (MM/DD/YYYY)

You can alter or cancel this agreement at any time, subject to providing 30 days' notice by contacting the Advancement Office at Regent College by phone at 604-224-3245 or in writing at advancement@regent-college.edu or 5800 University Blvd., Vancouver, BC V6T 2E4.