



Become a Sustaining Sister!

Your regular contributions keep the Foundation on a firm & secure course.

Recurring Giving simplifies donor's lives: • Contribute on a regular basis, even when not in attendance at events • Plan your tax-deductible donations easily and accurately • Take a task off of your to-do list by automating your contribution.

How Recurring Giving works: You authorize regularly scheduled donations to automatically pay EACH MONTH from your bank account, credit or debit card, according to the amount you choose. A receipt of your donation will be emailed. You may become a Sustaining Sister by selecting one of the following payment methods:

- Automatic Payment – With this method, you create the payment to come from your bank account monthly.
- Automatic Debit – Once each month, Theta Phi Alpha Foundation will directly debit your bank account.
- Credit or Debit Card Payment – From the Giving tab at my.thetaphialpha.org, you may select monthly, quarterly, or annual payments, using your credit or debit card. No need to complete the form below!

Please select either **AUTOMATIC PAYMENT** or **AUTOMATIC DEBIT** below. Or head to the Giving tab at my.thetaphialpha.org, our secure membership portal, to create a credit or debit card payment schedule.

Schedule your donations automatically from your bank account, debit or credit card.

Recurring Giving Enrollment Form

AUTOMATIC PAYMENT OPTION

I have established a recurring payment of \$ _____ per month through my bank.

Name: _____ Chapter: _____

OR: AUTOMATIC DEBIT OPTION

I _____ (Name) authorize Theta Phi Alpha Foundation to debit my bank account once per MONTH / WEEK

(circle one) in the amount of \$ _____ on _____ of each month / week for my tax-deductible donation.
(Date of Transaction)

Billing Address: _____ Phone: _____

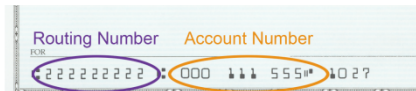
City, State, Zip: _____

Checking / Savings Account Information **Checking** **Savings**

Name on Account: _____

Bank Name: _____

Bank City & State: _____



Bank Routing Number: _____

Account Number: _____

I agree to notify the Foundation in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the Foundation's automatic debit with my bank; as long as the transaction corresponds to the terms indicated in this agreement. If my ACH transaction fails due to insufficient funds, I will either remit via US mail or the Foundation will draw via ACH an additional \$5.00 per transaction as a service fee.

SIGNATURE _____ **DATE** _____