

Signature (as it appears on card):

Authorization for Automatic Bank Payment

Escapees CARE, Inc. 155 Care Center Drive Livingston, TX 77351

Phone: 936-327-4256 Fax: 936-327-6428 **Purpose: Donation to tax-exempt organization**

Name:	SKP #:
Amount of Transfer: \$	
Beginning Date:	Ending Date: or 15th day of month
1st day of month	or 15th day of month
Bank Information	
Bank Name:	Bank phone #:
Bank Address:	
Bank Address: Street	City, State, Zip
	Savings Account #:
	f Livingston, P. O. Box 671, Livingston, Texas 77351 (to be filled in by Escapees CARE)
Signature (as it appears on account):	Date:
Please at	ttach a voided blank check.
THANK YOU FOR CARE-ING!	
	tion for Credit Card Payment
Authorizat Escapees Escapees CARE, Inc. L. Phone: 936-327	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351 7-4256 Fax: 936-327-6428
Authorizat Escapees CARE, Inc. L. Phone: 936-327	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351
Authorizat CARE, Inc. Phone: 936-327 Purpose: Dona I authorize Escapees CARE, Inc. to char This authority will remain in effect until	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351 7-4256 Fax: 936-327-6428
Authorizat CARE, Inc. Phone: 936-327 Purpose: Dona I authorize Escapees CARE, Inc. to char This authority will remain in effect until afford a reasonable opportunity to act up Name of person authorizing debit:	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351 2-4256 Fax: 936-327-6428 Lition to tax-exempt organization Transfer and account monthly as referenced below. I notify you in writing to cancel it with such notice as to bon it. This charge will be made the 15th of each month. SKP #:
Authorizat CARE, Inc. Phone: 936-327 Purpose: Dona I authorize Escapees CARE, Inc. to char This authority will remain in effect until afford a reasonable opportunity to act up	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351 2-4256 Fax: 936-327-6428 Lition to tax-exempt organization Trace ge my credit card account monthly as referenced below. If notify you in writing to cancel it with such notice as to bon it. This charge will be made the 15th of each month. SKP #:
Authorizate Care, Inc. Phone: 936-327 Purpose: Dona I authorize Escapees CARE, Inc. to chart This authority will remain in effect until afford a reasonable opportunity to act up Name of person authorizing debit: Monthly Debit Amount: \$	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351 7-4256 Fax: 936-327-6428 Lition to tax-exempt organization Tage my credit card account monthly as referenced below. If notify you in writing to cancel it with such notice as to bon it. This charge will be made the 15th of each month. SKP #: Beginning Date:
Authorizate Local Escapees Phone: 936-327 Purpose: Dona I authorize Escapees CARE, Inc. to char This authority will remain in effect until afford a reasonable opportunity to act up Name of person authorizing debit: Monthly Debit Amount: \$	Escapees CARE, Inc. 55 Care Center Drive Livingston, TX 77351 2-4256 Fax: 936-327-6428 Lion to tax-exempt organization Triangle my credit card account monthly as referenced below. I notify you in writing to cancel it with such notice as to bon it. This charge will be made the 15th of each month. SKP #: Beginning Date: Phone #:
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THANK YOU FOR CARE-ING!

Date: ___