



SANKARA
EYE FOUNDATION

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Sankara Eye Foundation
501C(3) Tax ID Number: 77-6141976

I/we hereby authorize **Sankara Eye Foundation, USA (SEF)**, herein called **SEF**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our **Checking** **Savings Account** (select one) indicated below and the depository named below, herein called **DEPOSITORY**, to credit and/or debit the same to such account.

DONOR'S BANK NAME (DEPOSITORY): _____

ACCOUNT NUMBER: _____

Branch: _____ **City:** _____ **State:** _____ **Zip:** _____

Monthly authorized debit entry amount:

\$30 \$50 \$100 Other \$_____ (please select your choice)

Donor's Name: _____

Donor's Email: _____ **Phone:** _____

Donor's Address: _____

City: _____ **State:** _____ **Zip:** _____

Donor's Company Name: _____ (if company matches donation)

This Authority is to remain in full force until SEF has received written notification from me/us of its termination in such manner as to afford SEF and DEPOSITORY a reasonable opportunity to act on it.

I/we have attached a voided check for checking account(s) mentioned above.

DONOR'S NAME

DONOR'S NAME (In case of joint account)

SIGNATURE

SIGNATURE

DATE

DATE

Please attach voided check along with completed form and mail it to
Sankara Eye Foundation, USA,
1900 McCarthy Blvd., #302
Milpitas, CA 95035