

Schedule your **CSAGH Annual Fund** donation to be automatically deducted from your bank account each month. Just complete, sign and return this form to get started!

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account. Each month you will be charged the amount you indicate on this form. You agree that no prior notification will be provided unless the date of withdrawal changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete this form, **attach a voided check** and mail to CSAGH, 2000 Blue Mountain Parkway, Harrisburg, PA 17112 **OR** scan this form and a voided check and email to [advancement@csagh.org](mailto:advancement@csagh.org).

I \_\_\_\_\_ authorize CSAGH to charge my account indicated  
(please print full name clearly)


below in the amount of \$ \_\_\_\_\_ on the 15th day of each month.

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking/ Savings Account**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	




Did you know that you can set up automatic monthly payments through PayPal using your credit card? *NOTE: you do not have to have a PayPal account to donate through PayPal.* Please visit <https://www.csagh.org/staging/6200/csagh/about-us/give/> to donate to CSAGH through PayPal.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Christian School Association of Greater Harrisburg in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. The mailing address is CSAGH, 2000 Blue Mountain Parkway, Harrisburg, PA 17112. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank/credit card account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.