



# Academy at the Farm Donation Drive

NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

AATF Student Names & Grades \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECKS MADE PAYABLE TO ACADEMY AT THE FARM • 9500 ALEX LANGE WAY, DADE CITY, FL 33525

## MONTHLY ACH DONATION (PREFERRED)

I/we hereby authorize First National Bank of Pasco to initiate entries to my/our account at the financial institution indicated below for my/our **Academy at the Farm (school) family pledge contributions**, to include all future amounts charged. I/we also authorize the financial institution to withdraw these payments from my/our account. Blue or Black ink only. You can cancel at anytime by emailing dbardin@myaatf.org.

ACCOUNT HOLDER'S NAME: \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

This authorization for the transfer of funds is to remain in full force and effect until the School has received written notification from me (or either of us) of its termination. This authorization agreement or written notice must be provided 15 days prior to the effective date as to afford School and First National Bank of Pasco a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK

Signer \_\_\_\_\_ Date \_\_\_\_\_

Signer \_\_\_\_\_ Date \_\_\_\_\_

## CREDIT CARD PAYMENT (3% FEE WILL BE ADDED)

One time donation amount \$ \_\_\_\_\_ -or- Monthly donation : \$ \_\_\_\_\_

Circle Type: VISA MC AMEX DISCOVER Name on Card: \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. \_\_\_\_\_ CVC # \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

## AATF EMPLOYEE PAYROLL DEDUCTION

I hereby authorize a biweekly payroll deduction in the amount of \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_