



CREDIT / DEBIT AUTHORIZATION FORM

I (we) hereby authorize the Abilene Cultural Affairs Council to initiate entries to my checking / savings accounts at the financial institution listed below (name of financial institution) _____ and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Abilene Cultural Affairs Council is notified by me (us) in writing to cancel it in such time as to afford the Abilene Cultural Affairs Council and (name of financial institution) _____ a reasonable opportunity to act.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Draft to be drawn on the fifth (5th) of each month. Check the amount of your preference below.

- Warhol - \$5.00 monthly
- Picasso - \$10.00 monthly
- Monet - \$20.00 monthly
- Michelangelo - More your discretion _____
(Amount)

Checking / Savings Account Number: _____

Financial Institution Routing Number: _____
(This will be located between the symbols 1: 1: on the bottom of your check)

*(Your contribution to HeARTS for the ARTS is tax deductible. The Abilene Arts Alliance is exempt under section 501 (c) (3) of the Internal Revenue Code.)

THANK YOU FOR YOUR SUPPORT OF "HeARTS for the ARTS!"

Please mail completed form to: HeARTS for the ARTS
1101 North 1st Street
Abilene, Texas 79601