

Recurring Payment Authorization for Charitable Donations

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Charity Organization Name]

[Charity Organization Address]

[City, State, Zip Code]

Subject: Recurring Payment Authorization

Dear [Charity Organization Name],

I, [Your Name], hereby authorize [Charity Organization Name] to initiate recurring payments from my account for charitable donations.

Donation Amount: \$[Amount]

Frequency: [e.g., Monthly, Quarterly]

Start Date: [Start Date]

Payment Method:

Account Holder Name: [Your Name]

Account Type: [Checking/Savings]

Account Number: [Account Number]

Routing Number: [Routing Number]

This authorization will remain in effect until I provide written notice to cancel or change this agreement.

Thank you for the work you do. I am proud to support [Charity Organization Name].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]