

Convenient Ways of Giving

Besides the time-honored method of returning the enclosed envelope with a check or credit card information, we are pleased to offer the following additional options for making your donation:

Online

You may make a credit card donation securely online at:

http://www.rivervalleyschool.org/development_programs.php

Monthly Auto-payments

You may elect to have your donation deducted automatically from your checking or savings account or charged to your credit card on a monthly basis. Auto-payments are helpful in several ways:

- Smaller, regular payments add up to make a real difference for the school
- Helps meet your commitment in a convenient and timely manner
- Easy to sign up for, easy to cancel

If you would like to take advantage of this program, please complete the authorization form on the back and return it in the enclosed envelope. If you have any questions, please call Renell Carpenter at 610-982-5606.

**AUTHORIZATION AGREEMENT FOR
CREDIT CARD AUTO-PAYMENTS**



1395 BRIDGETON HILL ROAD
UPPER BLACK EDDY, PA 18972
TEL: 610-982-5606
FAX: 610-982-5799

Name(s) _____
(please print)

I (we) authorize River Valley Waldorf School to charge my (our)

[select one] Visa MasterCard

Account Number _____ Expiration Date _____

for the following amount: \$ _____

To recur monthly on the _____ day of the month for _____ months

starting _____ and ending _____.

(date)

(date)

Date _____ Signature _____

**AUTHORIZATION AGREEMENT FOR
AUTO-DEBITS (ACH DEBITS)**

Name(s) _____

I (we) authorize River Valley Waldorf School to initiate electronic debit entries to my (our)

[select one] Checking Account Savings Account

for the following amount: \$ _____

To recur monthly on the _____ day of the month for _____ months

starting _____ and ending _____.

(date)

(date)

I (we) hereby authorize the River Valley Waldorf School to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____

Routing No _____ Account No _____

This authorization is to remain in full force and effect until River Valley Waldorf School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the school and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(please print)

Date _____ Signature _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.