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MONTHLY GIVING PROGRAM ENROLLMENT FORM

my charitable contribution of \$,	,	, 0	ring program. I would I	like
Other: Name: Address: Zip: Zip: Phone: Email: Email:		,				be designated to:	
Name:		☐ Fun	d for Asbury Un	iversity: Stude	nt Scholarships		
Address:		☐ Oth	er:				
City: Email:		Name:					
Please choose from one of the following payment types: Credit Card Transaction Card Type: Visa VISA MasterCard Discover Exp. Date: /		Address:					
Please choose from one of the following payment types: Credit Card Transaction		City:			State:	Zip:	
Card Type: Visa VISA MasterCard Discover American Express Name on Card: Exp. Date: / Card Number: Savings/Checking Account Withdrawal (please attach a voided check) Name on Account: Financial Institution Name: Financial Institution City, State, & Zip: Type of Account: Savings Checking Routing Number: Routing Number Account Number I authorize Asbury University to automatically charge my credit card or deduct from my Savings/Checking account on the: 1st day of each month 15th day of each month Beginning Month: / This authorization will remain in effect until Asbury University receives further written notification from the undersigned.		Phone:		Em	ail:		
Card Type: Visa VISA MasterCard Discover American Express American Express Name on Card: Exp. Date: /	Please choos	e from one of th	e following pay	ment types:			
Name on Card:	☐ Credit Ca	rd Transaction					
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Savings/Checking Account Withdrawal (please attach a voided check) Name on Account: Financial Institution Name: Financial Institution City, State, & Zip: Type of Account: Savings Checking Routing Number: Account Number: Routing Number: Account Number: I authorize Asbury University to automatically charge my credit card or deduct from my Savings/Checking account on the: 1st day of each month 15th day of each month Beginning Month: This authorization will remain in effect until Asbury University receives further written notification from the undersigned.	Name	e on Card:			Ехр. С	Pate: /	
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This authorization will remain in effect until Asbury University receives further written notification from the undersigned.	I authorize As	bury University to	automatically ch	arge my credit	card or deduct	from my Savings/Chec	king account on the:
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