

ARC RETREAT CENTER
CREDIT/DEBIT CARD RECURRING PAYMENT
AUTHORIZATION FORM
(EFT)



First Name	Middle Name or Initial	Last Name
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Credit/Debit Card Payment Plan

Donation to be made: Weekly Monthly Annually

Recurring Donation Amount: \$ _____

ARC will establish this recurring donation through the giveMN.org website. Your credit or debit card will be charged the amount indicated above once per week, month, or year. ARC will initiate the first payment within ten (10) days of receipt of this authorization form. Subsequent payments will be made based on the initial payment date consistent with the frequency selected above. Charges will appear on your statement under the name "Razoo," a partner organization of giveMN.org.

Customer's Card Information

Card Type: _____ Phone Number: (____) _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Payment Authorization

I authorize ARC Retreat Center to charge my account through giveMN.org in accordance with the terms and conditions found at <<http://www.razoo.com/p/terms>>. This authorization shall remain in effect until I notify ARC in writing (email or regular mail) that I wish to terminate this agreement. ARC will cancel the recurring payment within fifteen (15) days of receipt of such notice.

I understand that ARC will establish an account in my name at the giveMN.org website in order to create this recurring donation.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the ARC Retreat Center harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer's Signature: _____

Date: _____

Please retain a copy for your records.