

Sponsorship Monthly Payment Authorization Form

Please complete this form to authorize automatic monthly payments for your sponsorship. Fill out the details below, print the form, and sign it to complete the authorization.

Sponsor Information

Sponsor Full Name:

Sponsor ID (if applicable):

Email Address:

Phone Number:

Billing Address:

City, State, Zip Code:

Sponsorship Details

Sponsored Child or Project Name:

Monthly Sponsorship Amount (\$):

Payment Start Date (MM/DD/YYYY):

Preferred Day of Month for Draft (e.g., 1st, 15th):

Payment Method

Please specify your payment method and provide the details below.

Payment Type (Enter "Credit Card" or "Bank Account"):

Option A: Credit / Debit Card Information

Cardholder Name (as it appears on card):

Card Type (Visa, Mastercard, Amex, Discover):

Card Number:

Expiration Date (MM/YY):

Security Code (CVV):

Option B: Bank Account Information (ACH Direct Draft)

Account Holder Name:

Bank Name:

Account Type (Enter "Checking" or "Savings"):

Routing Number (9 Digits):

Account Number:

Authorization and Signature

I authorize the organization to initiate monthly debits from my account or card specified above for the purpose of monthly sponsorship. This authority is to remain in full force and effect until the organization has received written notification from me of its termination.

Authorized Signature (Sign after printing):

Date (MM/DD/YYYY):