



Please print this form and mail to: Mt. Baker Planned Parenthood  
2300 James Street, Suite #207, Bellingham, WA 98225

**AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

**Checking**

Please debit this account:

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit / ABA Number \_\_\_\_\_

Account # \_\_\_\_\_

Account Type \_\_\_\_\_

**~ Please enclose a voided check for the above account ~**

**Credit Card**

Visa  MasterCard # \_\_\_\_\_

Exp. Date \_\_\_\_\_

I/we hereby authorize Planned Parenthood to initiate debit entries to my/our account indicated above, and to debit said account on the 5<sup>th</sup> of every month for the amount of \$ \_\_\_\_\_. I/we authorize the first debit to commence on the 5<sup>th</sup> of the month following the date indicated below. This authority is to remain in full force and effect until Planned Parenthood receives written notice from me/us of termination, at least 30 days in advance of such termination.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your generosity and support!**