



Please print this form and mail to: Planned Parenthood of the Columbia/Willamette
3231 SE 50th Ave., Portland, OR 97206

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 5th of every month for the amount of \$ _____.

I/we authorize the first debit to commence on the 5th 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!