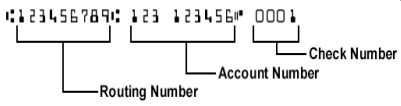


AUTHORIZATION FORM

Complete and mail to:

Visual Story International
P.O. Box 77160
Corona, CA 92877

FOR OFFICE USE ONLY		DONOR #		DATE	
Effective date of authorization: ____/____/____					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
Date of first donation: ____/____/____		Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 10 th <input type="checkbox"/> Monthly on the 25 th		Find and Donation Amount: <input type="checkbox"/> Taber Support \$ ____ <input type="checkbox"/> Expansion Fund \$ ____	
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)			Routing Number: ____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: ____ 	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____				
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card				
	Card Number:			Expiration Date:	
	Name on Card:				
	Billing Address (if different from above):				
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____				

If using a checking account, please attach a voided check over the credit/debit card section above.