

**Five Valleys Land Trust
Debit Authorization**



To authorize electronic monthly donations from your checking or savings account, please fill out and return this form along with a voided check or blank deposit ticket from your checkbook.

I authorize you and the financial institution listed below to initiate electronic entry to my Checking Account _____ or Savings Account _____ (Please check one) each month. This authority will remain in effect until I have canceled it in writing.

The deduction will be made on the **1st day** _____ or **15th day** _____ (please check one) of the month, or the next business day if this day falls on a weekend/holiday, for \$ _____ (minimum of \$5.00)

The authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Five Valleys Land Trust
Company Name

Financial Institution

Name (Please Print)

City/State

Signature

Account Number

Date

Routing and Transit Number

Initial

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of the error within 24 hours.

**Please complete and mail this authorization form to:
Five Valleys Land Trust
PO Box 8953
Missoula, MT 59807**

**Five Valleys Land Trust
Monthly Credit Card Authorization**



To authorize automatic monthly donations from your credit card, please fill out and return this form.

I authorize Five Valleys Land Trust to initiate an automatic monthly charge to my credit card. This authority will remain in effect until I have canceled it in writing.

The charge will be made on the **1st day** _____ or **15th day** _____ (please check one) of the month, or the next business day if this day falls on a weekend/holiday, for \$ _____ (minimum of \$5.00)

I would like to make my monthly credit card contribution using the following credit card: (please circle one):

Visa

Mastercard

American Express

Discover

Credit Card # _____

Expiration Date: ____ / ____

The authorization is to remain in full force and effect until Five Valleys Land Trust has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Name (Please Print)

Address

City, State, Zip

Phone / Email

Signature

**Please complete and mail this authorization form to:
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PO Box 8953
Missoula, MT 59807**