

# Palouse Care<sup>™</sup>

N E T W O R K

## Recurring EFT or Credit Card Transaction Authorization

I authorize Palouse Care Network to set up a recurring monthly EFT or credit card transaction as outlined below.

My account information is as follows:

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Recurring donation: \_\_\_\_\_

Or my credit card information is as follows:

Credit Card Account Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Address associated with the card: \_\_\_\_\_

Recurring donation: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please print, fill out this form, and deliver or mail to the address below.***