



Direct Billing Authorization

I authorize the Flathead Land Trust to initiate electronic debits and, if necessary, credits or adjustments for any debit in error each billing cycle to my:

Please choose payment method:

Credit Card Debit Card Checking Acct Savings Acct

For Credit and Debit Card Authorization

Name on card: _____ Visa MasterCard Discover Amex

Credit/Debit Number: _____ Expiration: _____ CSV: _____

For Checking and Savings Account Authorization

Name on account: _____ Financial Institution: _____

Routing number: _____ Account Number: _____

*Please attach a copy of your voided check or savings deposit slip.

Automatic Donation Details

My monthly gift of \$ _____ to the Flathead Land Trust will be charged to my card or deducted from my account as shown above on the 15th day of the month, or the next business day if this day falls on a weekend or holiday. (Minimum of \$5.00)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I understand that this authority will remain in effect until I cancel it in writing.

Signature: _____ Date: _____

Please return this form to the address below or email to darw@flatheadlandtrust.org