



Invest in Excellence Recurring Gift Form

Name(s): _____

Billing Address: _____

Mailing Address (if different than shown): _____

Phone Number: _____ Email Address: _____

PLEASE COMPLETE IF USING CHECKING OR SAVINGS ACCOUNT FOR RECURRING GIFTS

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

I (we) hereby authorize LAKE NORMAN CHARTER SCHOOL, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Savings account (select one)

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account:

Monthly gift amount: \$ _____

First gift date: _____ 1st or 15th (check one)

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA (Routing) #: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until 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. Please contact LNC's business office 30 DAYS PRIOR to desired last contribution.

SIGNATURE: _____

DATE: _____

**PLEASE COMPLETE IF USING CREDIT CARD FOR RECURRING GIFTS
AUTHORIZATION AGREEMENT FOR CREDIT CARD CHARGES**

I (we) hereby authorize LAKE NORMAN CHARTER SCHOOL, hereinafter called COMPANY, to initiate payment(s) to my (our) credit card account indicated below

Monthly gift amount \$ _____

First payment date: _____, 1st or 15th (check one)

Credit Card Type: DISCOVER MASTERCARD
VISA AM EX

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

This authority is to remain in full force and effect until 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. Please contact LNC's business office 30 DAYS PRIOR to desired last contribution.

SIGNATURE: _____

DATE: _____

PLEASE ATTACH A VOIDED CHECK

Please mail to:
Lake Norman Charter School
12435 Old Statesville Road
Huntersville NC 28078
or
Hand deliver to your campus office