

**Olney Friends School Monthly Giving
Direct Payment Enrollment**

Name: _____

Billing Address: _____

Daytime Telephone: _____ e-mail address: _____

I wish to donate to Olney Friends School via direct transfer of funds. My donation should be applied as follows:

<u>Designation</u>	<u>Amount</u>	<u>Specify any Restrictions</u>
Annual Fund	_____	_____
Capital Campaign	_____	_____
Other _____	_____	_____

Please deduct my direct Payment Donation from my account:

Name of Bank / Savings & Loan / Credit Union: _____

Routing Number: _____

Type of Account: _____ Checking _____ Savings

Account Number: _____

I authorize Olney Friends School to deduct my \$ _____ donation from the account listed above according to the following:

Beginning month/day/year: _____ Ending month/day/year: _____

I understand that if I decide to discontinue this payment plan prior to the ending date listed above, or if I have not listed an ending and intend for my gift to be continuous, I will notify the Olney Friends School Advancement Office in writing at least two weeks prior to the discontinuation date at the following address:

Olney Friends School
Advancement Office
61830 Sandy Ridge Road
Barnesville, Ohio 43713

Signature: _____ Date: _____

NOTE:

- For checking accounts, please enclose a voided check.
- For savings accounts, please enclose a savings deposit form.