



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Sankara Eye Foundation, USA  
501C (3) Tax ID Number: 77-6141976

I/We hereby authorize Sankara Eye Foundation, USA, herein called SEF, USA, 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, herein called DEPOSITORY, to credit and/or debit the same to such account.

DONOR'S BANK NAME (DEPOSITORY): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Authorized debit entry (please select your choice)

Amount: ☐ \$50 ☐ \$100 ☐ \$150 Other \$ \_\_\_\_\_

Donor's Name: \_\_\_\_\_

Donor's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donor's Company (if company matches donations) \_\_\_\_\_

This Authority is to remain in full force until SEF, USA has received written notification from me/us of its Termination in such manner as to afford SEF, USA and DEPOSITORY a reasonable opportunity to act on it. I/we have attached a voided check for checking account(s) mentioned above.

DONOR'S NAME \_\_\_\_\_ DONOR'S NAME\* \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* In case of joint account

Please attach voided check along with completed form and mail it to  
Sankara Eye Foundation, USA, 1900 McCarthy Blvd., #207, Milpitas, CA 95035.