



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.