



Automatic Withdrawal Authorization Form

I _____, Fund Administrator for the _____ Memorial Fund, authorize CharitySmith Nonprofit Foundation to deduct the fees indicated below from the Wells Fargo Bank Account established for this memorial fund.

- I authorize the administrative fee of \$602.00 USD to be deducted annually.
- I have enclosed the start-up fee of \$850.00 USD in form of a check.
- I have paid the start-up fee of \$850.00 USD online
<https://secure.donationpay.org/charitysmith/>

You **must** complete the credit card authorization information below (if the memorial fund does not have adequate funding when the annual administrative fee is due to be deducted, then we'll charge the \$602 to your credit card).

Signature

Printed Name

Cardholder Name	
Full Billing Address	
City State Zip	
Credit Card Number	
Expiration Date	
Signature	
Date	
Printed Name	