



Automatic Payment (ACH) Authorization for RSF Clients

I. Account Information

Bank Name: _____
 Bank City/State: _____
 ABA #: _____
 Account Type: Checking Savings
 Account #: _____

II. Payment Information

Client: _____
 Amount: \$ _____
 Beginning: _____
 Ending: Good Until Canceled
 Frequency: Monthly / Quarterly
 For Account: 10302-1-02 Godparents Anthroposophical Training Fund

III. Authorization

(ATTACH VOIDED CHECK)

Client authorizes Rudolf Steiner Foundation ("RSF") to debit the account listed above for the payment described above. Once we receive your form we will "pre-note" or verify your bank information with your financial institution. This may take 10 calendar days to complete.

Client may cancel such automatic payments at any time with 10 days notice to RSF. This automatic payment authorization does not change the terms of your agreement.

Thank you for signing up for the automatic payments! If you have any questions, please contact Mark Herrera at (415) 561-6160.

 Signature Date

 Printed Name Title/Position (loan clients only)

Note: Please continue to make payments by check until notified that the authorization has been processed.

For internal use only: NLS/DV _____	CITI _____
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