



Authorization for Automatic Bank Payment

Escapes CARE, Inc.
155 Care Center Drive
Livingston, TX 77351

Phone: 936-327-4256 Fax: 936-327-6428

Purpose: Donation to tax-exempt organization

Name: _____ SKP #: _____

Amount of Transfer: \$ _____

Beginning Date: _____ Ending Date: _____
1st day of month _____ or 15th day of month _____

Bank Information

Bank Name: _____ Bank phone #: _____

Bank Address: _____
Street _____ City, State, Zip _____

Account Type _____ Checking _____ Savings _____ Account #: _____

Transfer to: First National Bank of Livingston, P. O. Box 671, Livingston, Texas 77351
Account: Escapes CARE, Inc. # _____ (to be filled in by Escapes CARE)

Signature (as it appears on account): _____ Date: _____

Please attach a voided blank check.

THANK YOU FOR CARE-ING!



Authorization for Credit Card Payment

Escapes CARE, Inc.
155 Care Center Drive
Livingston, TX 77351

Phone: 936-327-4256 Fax: 936-327-6428

Purpose: Donation to tax-exempt organization

I authorize Escapes CARE, Inc. to charge my credit card account monthly as referenced below. This authority will remain in effect until I notify you in writing to cancel it with such notice as to afford a reasonable opportunity to act upon it. This charge will be made the 15th of each month.

Name of person authorizing debit: _____ SKP #: _____

Monthly Debit Amount: \$ _____ Beginning Date: _____

Name (as it appears on card): _____ Phone #: _____

Your Address: _____
Street _____ City, State, Zip _____

Credit Card #: _____ Expiration date: _____

Signature (as it appears on card): _____ Date: _____

THANK YOU FOR CARE-ING!