



St. Labre Indian School

Authorization for Automatic Electronic Debit Donation

* Please Fill out ALL Fields *

I authorize St. Labre Indian School and the financial institution listed below to initiate electronic entry to my checking or savings account each month. The deduction will be made during the first two weeks of each month.

This authorization is to remain in full force and effect until St. Labre has received **written notification from me of its termination** in such time and in such manner as to afford St. Labre a reasonable opportunity to act on it.

(Please Print)

Date: _____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution: _____

Branch: _____

City: _____ State: _____ Zip: _____

Routing Transit Number: _____ Account Number: _____

Donation Amount: \$ _____

Signature: _____

Donor Options

- Do not send me acknowledgements for my donation.
- Do not send me stamped reply envelopes.
- Do not send me appeal letters.
- Please send me an end-of-year receipt for the total sum of my contributions.

*** Please enclose a voided check ***

Please print out this form and send it to the address below along with your check.

**St. Labre Indian School
 Ashland, MT 59004-1001**

We would like to thank you very much for your time and support.