



Please complete the **blue highlighted** areas.

Organization Name: Montana Audubon **Organization ID:** Federal Tax ID #81-0412530

I hereby authorize **Montana Audubon** to initiate credit or debit card payments using the account information provided below. I understand that my information will be saved on file for future transactions. I understand that Montana Audubon will keep this information secure and use it only as authorized. Card payments to be made using the Square point-of-sale system.

Name on card: _____ **Credit Card Type:** _____

Number # _____ **Expiration Date** _____

Zip Code: _____

I wish to:

___ **Pay manually upon receipt of a monthly invoice**

___ **Automatically pay a monthly invoice with the card on file**

Beginning Month: _____ **Ending Month:** _____

Amount of Recurring Payment: _____

(All recurring debits will occur on the 5th of the month)

This authorization is to remain in effect until Montana Audubon receives written notification from me of its change or termination in such manner as to afford Montana Audubon a reasonable opportunity to act on that request.

Print Name: _____

Date: _____ **Signature:** _____

Montana Audubon
PO Box 595 – Helena, MT 59601
phone: 406.443.7350