

The Langston Foundation
Funding the Present – Securing the Future
Monthly Donation Form

Keep a copy of this
Authorization for your
records.

Authorization for Bank Draft

I authorize The Langston Foundation to initiate electronic debit entries from my

_____ Checking Account OR _____ Savings Account

for payment of my donation. I acknowledge that the origination of ACH (Automated Clearing House) transactions from my account must comply with the provisions of U.S. Law. This authority will remain in effect until the Requested Date of Final ACH Transaction, or I have cancelled it in writing.

Date _____ *(Please print)*

Financial Institution Name _____

Financial Institution City, State _____

Financial Institution Routing/Transit Number _____

Account Number at Financial Institution _____

Monthly Donation Amount _____
(recommended \$60 to \$100 minimum per child)

Requested Date of Initial ACH Transaction _____
**(preferably child's start date at LCMS, and on the
1st or 15th day of each month)**

Requested Date of Final ACH Transaction _____
(preferably child's graduation date from LCMS)

Authorized Signature _____

Name on Bank Account _____

Name of LCMS Student _____

******* STAPLE VOIDED CHECK HERE *******

RETURN COMPLETED FORM TO: The Langston Foundation
1950 Woodruff Road
Greenville, SC 29607