



Authorization Agreement for Monthly Donations

Title: [] Mr. [] Mrs. [] Ms. [] Dr. [] Mr. & Mrs. [] Dr. & Mrs. [] Dr. & Mr. [] Dr. & Dr.

Filing Status: [] Single [] Married, jointly [] Married, separately [] Head of Household

Donor(s) Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Table with 2 columns: 2020 Tax Year Original Individual and 2020 Tax Year Plus. Includes donation limits and recommendation fields.

Amount of my monthly donation to be applied first to my Original Individual donation and then my PLUS donation:

\$ _____ per month.

For school recommendations only: we will share your contact information. [] No thank you

Original Individual yearly total: \$ _____

PLUS yearly total: \$ _____

Please ensure you have finished your donations for the tax year prior to your appointment with your tax preparer.

I would like my donations to start: _____ 22 _____ and end _____ 22 _____
MONTH YEAR MONTH YEAR

Type of Credit Card: [] Visa [] MasterCard [] Discover [] American Express

Credit Card Number: _____ Expires: _____

OR

Electronic Transfer If choosing Electronic Transfer, a voided check must be attached to this form

Account #: _____ Routing #: _____

I hereby authorize Institute for Better Education (IBE) to automatically charge the account indicated above for the amount of the donation listed above on the 22nd of each month. If the 22nd falls on a weekend or holiday, I understand my card will be charged the following business day.

Donor Signature: _____ Date: _____

Notice (A.R.S. 43-1603): A School Tuition Organization cannot award, restrict or reserve scholarships solely on the basis of a donor recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.