



A Christ-centered and classical education

### DONATION BY ELECTRONIC FUNDS TRANSFER

If you wish to make a monthly pledge towards the Annual Fund, the Scholarship Fund, or other designated project, you may do so via electronic funds transfer. Please use the form below, attach a voided check, and return to the school office. Your donations will begin at the date you indicate and will remain in place until you advise us otherwise.

Many families find a monthly pledge an easy way to donate to the school. Donations to the Annual Fund help close the gap between our operating income and operating expense. The Scholarship Fund provides tuition assistance to approximately 13% of our school families, and donations to special needs or projects are also welcome. Your giving is important to Schaeffer Academy.

Your donations are fully tax deductible, and you will receive a statement at the end of the year itemizing your donations. If you have questions about EFT donations, please contact Cindy Schweighart, at 507-286-1050 or email her at [schweighart.cindy@schaefferacademy.org](mailto:schweighart.cindy@schaefferacademy.org).



Schaeffer Academy

ES4209

For Office Use Only	Donor Name:	Donor ID #:	Date:
Name on Account (Please Print)			
Address			
City		State	Zip
<b>Authorization Form</b>			
<input type="checkbox"/> One-Time Donation		<input type="checkbox"/> Change Donation Amount	<input type="checkbox"/> Change Financial Institution or Account Information
<input type="checkbox"/> New Recurring Donation		<input type="checkbox"/> Change Transfer Date	<input type="checkbox"/> Discontinue Electronic Payment
<b>Donation Payment Plan</b>			
Transfer to be made on _____ of each month (date of your choosing—transfer will occur on closest business date)			
Monthly Donation: \$ _____			
Donation Payments to Begin/Change on (date) _____			
Please take my donation payment directly from the account specified:			
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Routing #: _____ Routing number must start with 0, 1, 2, or 3; is 9 digits long; and is located at bottom of check between these symbols □:□:			Account #: _____
I authorize <b>Schaeffer Academy</b> to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a <b>\$30.00</b> NSF fee automatically charged to my account for any insufficient funds (NSF) transactions.			
Authorized signature on my account: _____			Date: _____
<b>Please attach a voided check or savings deposit slip.</b>			