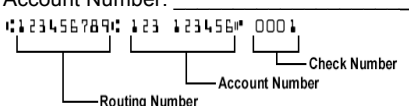


AUTHORIZATION FORM

Fax to (714) 492-8246 or complete and mail to:

Visual Story International
P.O. Box 2120
Orange, CA 92859

FOR OFFICE USE ONLY	DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address		
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 10 th <input type="checkbox"/> Monthly on the 25 th	Find and Donation Amount: <input type="checkbox"/> Taber Support \$ _____ <input type="checkbox"/> Expansion Fund \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.