



Bank Draft Authorization Form

I/we authorize the Association for Research and Enlightenment, Inc., to charge my/our bank account indicated below for the amount I have specified. I understand that debit entries to my account will be made on the 15th day of each month. **I understand that I may make changes or cancel my automatic monthly donation to the A.R.E. at any time by calling or writing to the A.R.E.** My automatic monthly donation is to remain in effect until I notify either the A.R.E. of its termination. My donation will appear on my bank statement.

Name(s) _____

Bank Name _____

City _____ State _____ Zip _____

Account Number _____

Amount to be Debited Monthly \$ _____

To support a particular program at A.R.E., please specify: _____

Signature _____ Date _____

Signature _____ Date _____

Instructions:

Agreement must be signed and returned with a voided check, showing the account to be charged, in order to begin monthly debits.

Edgar Cayce's A.R.E.
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