



Harlequin Productions

PAYMENT AUTHORIZATION FORM

I (we) hereby authorize Harlequin Productions (COMPANY) to initiate debit entries to my (our) Checking Account / Savings Account at the depository financial institution listed below (DEPOSITORY) in compliance with the provisions of U.S. law. If necessary, COMPANY may initiate credit adjustments for any transaction debited in error. This authority will remain in effect until COMPANY is notified by me (us) in writing to cancel these instructions. I (we) will afford COMPANY and DEPOSITORY a reasonable opportunity to act upon any changes.

Please debit my (our) account as a donation to Harlequin Productions as follows:

\$ _____ Monthly Other (specify) _____

Commencing Date: _____

Please send donation receipt: after each debit annually

Financial Institution Name: _____ Branch: _____

City: _____ ST: _____ Zip: _____

Routing Number: _____ Account Number: _____

Name (please print): _____ ID Number: _____

Date: _____ Signature: _____

Please attach a voided check to this authorization.