



## **Donate Today to The Association of Black Psychologists**

Please consider making a contribution to ABPsi to help ensure the financial health of the organization!

This year, we seek to increase the number of staff, advance our vision and mission, cultivate important initiatives and establish critical alliances, but we need your support to realize this goal! Please note that installment payments are accepted for donations of \$500 or more, however the number of installments cannot exceed 12 payments. Please check one of the following donation options:

*I would like to make a one- time contribution in the amount of:*

\$1,000.00

\$100.00

\$500.00

\$50.00

\$250.00

Other: \_\_\_\_\_

*I would like to pay via monthly installments (\*\$500 or more) in the amount of \$\_\_\_\_\_. I am enclosing the ABPsi Recurring Payment Authorization Form.*

Payment Type  Check  Money Order  Credit Card

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Credit Card Type  Visa  MasterCard  American Express

Card # \_\_\_\_\_ CCV# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail your Gifts to:**

The Association of Black Psychologists  
7119 Allentown Rd., Suite 203 Ft. Washington, MD 20744  
or donate online at [www. abpsi.org/donation](http://www.abpsi.org/donation)

***Thank You!!***



# THE ASSOCIATION OF BLACK PSYCHOLOGISTS

7119 Allentown Rd., Suite 203  
Fort Washington, MD 20745  
Phone: 301-449-3082 Fax: 301-449-3084

## RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize ABPsi to charge my credit card indicated  
(full name)

below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month until \_\_\_\_\_  
(day) (Month & Year)

for payment of my \_\_\_\_\_  
Please type the reason for the Recurring Payment or Type of Bill

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Checking/ Savings Account

Checking       Savings


Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



### Credit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ABPsi in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that ABPsi may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.