

CHAPIN

Installment Gift Authorization Form

I / We authorize THE CHAPIN SCHOOL to electronically debit my / our account (and, if necessary, electronically credit my / our account to correct erroneous debits) as follows:

Amount of debit(s) authorized]: \$ _____

Dates(s) and/or frequency of debit(s): Monthly Quarterly Annually OTHER _____

Start Date: _____

OPTION 1

Checking Account / Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I / We agree that ACH transactions authorized comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

OPTION 2

Credit Card / Debit Card

I (we) agree that the transactions I (we) authorize comply with all applicable law.

Name (as it appears on card) _____

Credit /Debit Card Type _____ Credit Card Number _____

Expiration Date _____ Security Code _____

I / We understand that this authorization will remain in full force and effect until I (we) notify THE CHAPIN SCHOOL in writing that I / we wish to revoke this authorization. I / We understand that THE CHAPIN SCHOOL requires notice at least two weeks prior to the date of the next withdrawal in order to cancel this authorization. You agree that the signing or typing of your name and sending this form constitute a "signature" to this consent that is a legally binding equivalent to a handwritten signature that shall bind you.

Names(s) _____
(Please Print or type)

Date _____ Signatures(s) _____

Please submit electronically to bberger@chapin.edu or mail to:

The Chapin School
Attn: Brigid Berger
100 East End Avenue
New York, NY 10028
212.570.4908