

# Lehigh Valley Zoo

## Donor Debit Authorization Form

**Return to:**  
**Lehigh Valley Zoo**  
**Development & Marketing Department**  
**Mail to: 5150 Game Preserve Road, PO Box 519, Schnecksville, PA 18078**

I authorize Lehigh Valley Zoo on a monthly basis to initiate an electronic debit to my bank account in the amount entered below (\$10 minimum). I understand that I may revoke this donation authorization at any time by notifying the Lehigh Valley Zoo Development & Marketing Department in writing.

\$

\_\_\_\_\_

Monthly Amount to be Debited

Month/Year of First Donation

\_\_\_\_\_

Complete Name as it appears on Bank Account to be debited

\_\_\_\_\_

Address, City, State, Zip Code

\_\_\_\_\_

Area Code and Phone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Authorized Signature of Owner of Bank Account

Name of Bank: \_\_\_\_\_

Account Type:

Checking Account

Savings Account

**Your bank can provide you with the information required below:**

ACH Transit Routing Number

Bank Account Number

**Questions? Call Lehigh Valley Zoo Development & Marketing Department at 610-799-4171.**