



# Donation Program Online Order Form

**Organization Information:**

Administrator Username \_\_\_\_\_  
Administrator Password \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
URL \_\_\_\_\_  
Support Email \_\_\_\_\_

**Webmaster Information: (For Site Design)**

Webmaster Username \_\_\_\_\_  
Webmaster Password \_\_\_\_\_

Total Package Cost (one time, including licenses): \$349.00  
Monthly Fees: \$79.05 (Statement Fees will be charged by Processing Banks)

**Print, Complete, and Fax back to: 646 – 514 - 4044**

I (we) do hereby authorize jetCHEX LLC, hereinafter named the COMPANY, to initiate debit entries to my (our) checking/savings account named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, I authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account below.

Transit Routing #

Account #

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Name on account: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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