



Automatic Bank Withdrawal Authorization

Personal Information

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Child ID: _____

Email: _____

*Please withdraw my donation: (Please check one)

_____ Monthly

_____ Quarterly (January, April, July, October)

_____ Annually (April)

_____ One time only

*Enter designated amount:

\$ _____ My monthly child sponsorship support

\$ _____ Children's Reserve Fund

\$ _____ General Fund

\$ _____ Other, please specify the project you wish to support: _____

\$ _____ **Total Amount Authorized to be withdrawn monthly/quarterly/annually.**

Banking Account Information

*Bank Routing Number: _____ ABA routing numbers on the bottom left of your check

*Account Number: _____ Second number on the bottom of your check

By signing, I agree to sign up for automatic bank withdrawal for the amounts designated.

*Signature: _____ Date: _____

For your protection, you may choose to attach a voided check to this request.

*Required Fields