



**CAMP BROSEND AUTOMATIC MONTHLY DONATIONS
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Name of Donor _____

Address _____
Street City/State/Zip

Email Address _____
(receipt of donations will be sent to this address)

I (we) hereby authorize **BROSEND MINISTRIES INC. (DBA Camp Brosend)**, to initiate a transfer of funds from my (our) checking/savings account indicated below to Camp Brosend on the 28th of each month. I understand that if the 28th falls on a holiday or weekend, transfer of funds will be initiated on the next business day. This authorization remains in effect until Camp Brosend has received written notice from me (us) requesting cancellation of monthly funds transfers; I understand that written notice of cancellation must be received by the 20th of the month. I acknowledge that the origination of authorized transactions must comply with the provisions of U.S. Law.

Signature _____ Date ___/___/___

FINANCIAL INFORMATION (all information is required):

Type of Account: _____ Checking Account (Please attach a blank VOIDED Check)
_____ Savings Account (Please attach a Savings Deposit Slip)

Amount of Monthly Donation: \$_____ / month

Name of Financial Institution Branch

Address of Financial Institution (City, State, Zip)

Routing Number Account Number

Account numbers will appear on bottom of check as:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number