



MONTHLY ELECTRONIC DONATION AUTHORIZATION FORM

I (we) hereby authorize the Newaygo County Compassion Home, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) **Checking** **Savings** account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. **This debit will occur on a monthly basis on or about the 10th day of each month.**

This authorization is to remain in full force and effect until The Newaygo County Compassion Home, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Newaygo County Compassion Home, and DEPOSITORY a reasonable opportunity to act on it.

Date	Name (Print)	Financial Institution Name/Address

Signature

CHECK ONE:

I am not currently participating in the Electronic Donation Program.

START– Debit my contribution of \$ _____ per month from the account shown.

I am currently participating in the Electronic Donation Program.

CHANGE – Change financial institutions and/or account number.

CHANGE – Change monthly contribution amount to: \$ _____.

CHANGE – Stop my participation in the program.

TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE
IMPORTANT! CHECK TYPE OF ACCOUNT: CHECKING, SAVINGS

NOTE: For debits to multiple accounts, please complete additional forms.