



Support Bald Knob Cross of Peace

Donation Amount

\$ 10

\$ 25

\$ 50

\$100

\$250

\$500

Other \$ _____

Donation Frequency

Monthly

Quarterly

Semi-Annually

Annually

One Time

Day of Month

5th of month

20th of month

My Address: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 Email: _____

Mail this completed form to:
 Bald Knob Cross of Peace
 P.O. Box 35
 Alto Pass, IL 62905

Automatic Payments Can be made by 1) Direct ACH Debits from your Checking or Savings account or 2) to a Visa, MasterCard, Amex or Discover

1) AUTHORIZATION AGREEMENT (DIRECT PAYMENTS – ACH DEBITS)

I (we) hereby authorize Bald Knob Cross of Peace (BKCP) to initiate debit entries to my (our) account (select one) **Checking** or **Savings** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, 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.

My Bank (DEPOSITORY)

Bank Name: _____ Branch: _____

City: _____ State: _____ ZIP _____

Routing Number: _____ Account Number: _____

2) Visa, MasterCard or American Express

Card Number: _____

Expiration Date: _____ 3 or 4 digit code on back of card: _____

*This authorization is to remain in full force and effect until BKCP has received **written notification** me (or either of us) of its termination in such time and in such manner as to afford BKCP and DEPOSITORY a reasonable opportunity to act on it.*

NAME: _____
(please print)

BKCP ID # _____
(assigned by Bald Knob Cross)

SIGNATURE: _____

DATE: _____

NOTE: WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

