



**CAMP BROSEND ACH DEBIT 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 per the terms indicated below. I understand that if the date falls on a holiday or weekend, transfer of funds will be initiated on the next business day. I understand that I can cancel this authorization at any time per written request to Camp Brosend from me (us) requesting cancellation of all future funds transfers; I understand that written notice of cancellation must be received by the 20<sup>th</sup> of the month. I acknowledge that the origination of authorized transactions must comply with the provisions of U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**FINANCIAL INFORMATION:**

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

Amount of One Time Donation: \$ \_\_\_\_\_  
Amount of Monthly Donation: \$ \_\_\_\_\_/month  
Amount of Anual Donation: \$ \_\_\_\_\_/year

Monthly or Anual transfers of the above amount should begin on the 28<sup>th</sup> of the following month:  
\_\_\_\_January \_\_\_\_February \_\_\_\_March \_\_\_\_April \_\_\_\_May \_\_\_\_June  
\_\_\_\_July \_\_\_\_August \_\_\_\_September \_\_\_\_October \_\_\_\_November \_\_\_\_December

\_\_\_\_\_  
Name of Financial Institution Branch

\_\_\_\_\_  
Address of Financial Institution (Street, City, State, Zip)

\_\_\_\_\_  
Routing Number Account Number

*Account number will appear on bottom of check as:*

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ  
Routing Number Account Number