

CHRISTIAN CAMPUS MINISTRY OF SPRINGFIELD

616 BEAR BOULEVARD
SPRINGFIELD, MISSOURI 65806
417.862.8080

DEAR DONOR,

We are very grateful for your support of CCH and want to make sharing as convenient for you as possible. A growing number of our donors are choosing this option.

Christian Campus Ministry of Springfield can initiate monthly transfers of amounts you designate from your bank account into a Christian Campus Ministry of Springfield account at Central Bank of the Ozarks in Springfield. To start this process you will need to complete the Automatic Account Debit Form and provide a voided check.

WE PROMISE THAT WE WILL:

- Keep your account information in a safe and secure manner and use it only for the purpose of these transfers
- Initiate these transfers to be processed on the day you request
- Provide you with the same receipts as if you had given via check or cash
- Quickly correct any errors that occur

Bank regulations dictate that authorization forms must be submitted via paper with appropriate signatures. For your protection we cannot accept electronically submitted authorization forms.

If you are interested, please mail your authorization form and voided check to our facilities. Or, return this form and a voided check to a staff member of Christian Campus Ministry of Springfield.

Please contact Cally Schulte, Office Administrator, if you have questions (cally@cchonthe.net or 417.862.8080).

If you prefer to give via PayPal, that option is available at our website (cchonthe.net).

THANK YOU FOR YOUR PARTNERSHIP!

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AUTOMATIC ACCOUNT DEBIT AUTHORIZATION FORM

I hereby authorize Christian Campus Ministry in Springfield, Missouri, to initiate entries to my checking/savings accounts at my financial institution listed below, and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until Christian Campus Ministry of Springfield is notified by me in writing to cancel it in such time as to afford Christian Campus Ministry of Springfield and financial institutions a reasonable opportunity to act on it.

NAME AND BRANCH OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

STREET	CITY	STATE	ZIP
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MONTHLY AMOUNT TO BE DEBITED FROM ACCOUNT \$ _____

DATE TO BE DEBITED

- 1ST OF MONTH
 16TH OF MONTH

CREDIT CONTRIBUTIONS TO

- GENERAL FUND
 OTHER _____

PLEASE SPECIFY

ROUTING NUMBER

CHECKING/SAVINGS ACCOUNT NUMBER

ACCOUNT HOLDER NAME

PLEASE PRINT

ACCOUNT HOLDER ADDRESS

STREET	CITY	STATE	ZIP
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YOUR NAME 1234
1234 Main Street
Anywhere, OH 00000 DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

044072324 000123456789 123

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

AUTHORIZED SIGNATURE

DATE

PLEASE INCLUDE A VOIDED CHECK