

Build the Kitchen – Feed the Community!

Complete your Donor Information

Name _____

Address _____

Phone _____ Email _____

Yes! I want to contribute to Community Kitchen's ***Build the Kitchen-Feed the Community*** campaign!

My total gift will equal: _____

I will reach that goal by: _____

One payment to be made now or on the following date: _____

Please bill me: Monthly (starting in _____ 2010)

Quarterly (starting in _____ 2010)

Other: _____

Please sign me up for the ACH (automatic bank withdrawal) program and deduct the specified amount from my account at the specified times. (Fill out the back of this form).

AUTOMATIC TRANSFER AUTHORIZATION
Authorization for Preauthorized Fixed Payments (ACH Debits)

I hereby authorize **COMMUNITY KITCHEN OF MONROE COUNTY, INC.** to make scheduled withdrawals from the account identified below and authorize the Depository Financial Institution to charge such withdrawals to my listed account.

Each withdrawal shall be equal to \$_____ and payable:

- Weekly on Fridays
- Monthly on the 1st **OR** 15th (circle one) of each month
- Bi-monthly on the 1st **AND** 15th of each month
- Quarterly on the 1st day of each quarter's first month

The first such withdrawal is authorized for (date): _____

If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until the above pledge goal is met. I acknowledge receipt of a filled copy of the authorization.

Name of Depository Financial Institution: _____

DFI Routing Number: _____ Account No. to Debit: _____

Type of account: _____ Checking _____ Savings

Customer Name: _____

Customer Signature: _____ Date: _____

Name on Receiving Account: COMMUNITY KITCHEN OF MONROE COUNTY, INC.

Please send me an email confirming each transaction.

Email address: _____

Limitations on purpose for withdrawal: Charitable Contribution – Capital Campaign

PLEASE SEND A VOIDED CHECK IF POSSIBLE. THIS HELPS PREVENT ERRORS.