



AUTHORIZATION AGREEMENT FOR BANK DRAFT

***** DONATIONS *****

To set up a one-time gift or a monthly giving plan, please fill out the following information:

NAME (Please print) _____

PHONE NO. _____ EMAIL _____

DONATION AMOUNT \$ _____ DESIGNATED FOR _____

OCCURANCE: (select one): ONE-TIME DONATION MONTHLY DONATION

Please provide the following information, or a VOIDED check.

BANK NAME _____

ROUTING NO. _____ ACCOUNT NO. _____

THIS ACCOUNT IS A (select one): Checking Savings

TRANSFER DATE (select one): 5th of the month 20th of the month

AUTHORIZATION:

I authorize my financial institution to transfer the amount listed from my bank account to Berean Academy. If monthly, this authority is to remain in effect until I (or any joint account owner) provide written notification (by letter or email) to cancel this agreement. I understand that changes to this agreement or cancellation of this agreement need to be given two weeks prior to the draft date.

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR COMMITMENT TO BEREAN ACADEMY!

If you have questions regarding any information above, please contact Kathy Veer in the Donor Relations Office by email kveer@bawarriors.com or by phone 316-799-2211.

PLEASE SIGN AND RETURN TO:

Berean Academy
Attn: Donor Relations
PO Box 70
Elbing, KS 67041

Revised 06/2021