



**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 \_\_\_\_\_

OCCURRENCE: (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):  5<sup>th</sup> of the month  20<sup>th</sup> 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 the Donor Relations Office by emailing [donors@bawarriors.com](mailto:donors@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 10/2023