



Authorization for Electronic Withdrawal

This form is used to process automatic monthly donations through your checking or savings account. Please fill out the information below and return to us with a copy of a voided check. We will contact you via email once we have received and set up your donation. If the 5th or 20th falls on a weekend or holiday your account will be debited on the following business day.

Please contact us at least 5 days in advance if you need to change or cancel this recurring donation. Thank you for choosing to partner with Calvary Chapel Bozeman and don't hesitate to contact us if you have any questions.

Call us at 406-587-1336 with questions and return to CCB – 205 Haggerty Ln Ste 100, Bozeman, MT 59715

Detach here



Authorization for Electronic Withdrawal

I, _____, authorize Calvary Chapel Bozeman to electronically debit my bank account indicated below each month on the 5th or 20th with a start date of _____.

- Offering \$ _____
- India Child Sponsorship \$25.00 _____
- India Pastor Sponsorship \$50.00 _____

Address _____ City, State, Zip _____ Phone # _____ Email _____	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Account _____ Bank Name _____ Account Number _____ Bank Routing # _____ Bank City/State _____
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Please Attach Voided Check

I understand that this authorization will remain in effect until I request a termination or change in writing, by phone, or by email. I agree to notify Calvary Chapel Bozeman at least 5 business days in advance if I wish to cancel or make any changes to this authorization.

Signature _____ Date _____