

Automatic Monthly Withdrawal Authorization Form



This Automatic Monthly Withdrawal Form is used for authorizing CitiIMPACT Ministries to withdraw donations directly from the donor's bank and/or credit/debit card account each month.

Please complete all three sections and include VOIDED CHECK copy or original (can email photo).

Donations are tax deductible as permitted by state and federal tax law. Receipts issued annually for all donations by Jan 31st.

SECTION 1: Designation of Gift

Ongoing Disaster Relief Support: \$
Sponsor a Liberia Child (Name): \$ *minimum of \$35.00 monthly*
Other (please specify): \$
Total Monthly Withdrawal \$ *minimum of \$10.00 monthly*

Does your employer have a Matching Gift Program? Yes No

If Yes, please obtain and complete the appropriate matching-gift form from your employer and then mail to CitiIMPACT.

SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge

Start Date (mm/yy) / (withdrawals will be made on the 15th of each month)
Type of Account Checking Savings Account # (1st set)
Bank Name Account # (2nd set)

SECTION 3: Personal Information

Name Email
Street Address
City State ZIP Phone (.....)

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS

I hereby authorize and request CitiIMPACT to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated above, and I authorize and request my bank listed above to accept my debit entries initiated by CitiIMPACT to such account. It is understood that this agreement may be terminated by me at any time by written notification to CitiIMPACT. Any such notification to CitiIMPACT shall be effective only with respect to entries initiated after receipt of such notification and with at least 14 days notice of the next scheduled withdrawal.

Signature
Date

RETURN TO: CitiIMPACT
PO Box 605
Davidson NC 28036
OR EMAIL
info@citiimpact.org