

Cross Cultural Connections

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Send your completed authorization form to: ccc@swissmail.org

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email address: _____

Please take my donation from my (check one:)

Checking Account

Savings Account

Business Checking Account

Date of first donation: ___/___/_____

Routing # _____

Valid routing # must start with 0, 1, 2 or 3

Account # _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 ⑆
Routing Number Account Number Check Number

Frequency of donation (check only one)

Monthly on the 3rd

Monthly on the 18th

Donation Designation:

Amount:

\$ _____

Special Instructions:

Agreement:

I authorize Cross Cultural Connections to process debit entries to my bank account.

I understand that this authority will remain in effect until I provide notification within 10 business days to terminate my authorization.

Authorized signature: _____ Date: _____