CROSSCOUNSEL INTERNATIONAL MINISTRIES, INC.
Automatic Deduction (ACH) Contribution Form

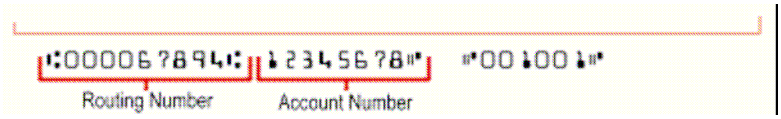
This form authorizes CrossCounsel International Ministries, Inc. (CCIM) to withdraw specified by you from your checking or savings account on a monthly basis.

Bank Account Information

Bank/Financial Institution Name

Bank Routing (ABA) Number **Bank Account Number**

You can obtain your routing (ABA) number and account number by looking at one of your checks or by calling your bank.



(Example)

15th 30th

$_____

Account Type (Checking or Savings) **Amount** **Date of Deduction (CIRCLE ONE)**

If the 15th or the 30th fall on a weekend or a Federal holiday, the deduction will occur the following banking day.

Printed Name

Address

_____(_____)_____

City/State **Zip** **Phone** **Email Address**

By my signature below, I authorize CCIM and the financial institution listed above to withdraw from my account the amount listed above (this includes my authorization for CCIM to reverse any charges made in error.) This authority will remain in effect until I give written notice to cancel it. I understand that in order to automate recording of my donations, CCIM may store my bank account information in their donor base software.

Signature

In order to ensure accuracy, please attach a voided check to this form. Return form in person or via mail at the address below.

Donation amount can be adjusted or stopped at anytime.

CrossCounsel International Ministries, Inc. 4690 Cottage Grove Road Madison, WI 53716
We respect your privacy therefore all above information is kept highly confidential