

**Crystal Springs Baptist Camp, Inc. Automatic Giving Authorization Form
Authorization For Direct Giving Via ACH**

Direct Giving via ACH is the transfer of funds from a consumer account for the purpose of making a donation.

I (we) authorize Crystal Springs Baptist Camp, Inc. to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account Savings Account (select one) at the depository financial institution named below (depository). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution's Name: _____

Routing Number: _____

Account Number: _____

Amount to be Transferred: _____

Transfer Date Information: 15th of each month

Transfer of funds shall take place upon the 15th of each month unless this date falls upon a weekend, holiday, or other event in which the bank receiving the funds will be closed. If this should occur, funds will be transferred upon the next available business day. Authorization for funds to be transferred on another date may be granted upon the approval of an authorized representative of the Crystal Springs Baptist Camp, Inc. and Choice Financial.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Crystal Springs Baptist Camp, Inc. by written or phone notice that I (we) wish to revoke this authorization. I (we) understand that Crystal Springs Baptist Camp, Inc. requires 4 days prior notice in order to cancel this authorization.

Name(s) _____ Date: _____
(Please Print)

Signature(s) _____

Please Send Completed Form To:
Crystal Springs Baptist Camp
4848 36th St SE
Medina ND 58467