

## **Automatic Bank Draft**

Name:	Date:	
Address:	<del></del>	
City:	State:	Zip:
Phone Number(s):		
I hereby authorize CWJC of Grand Prairie TX her	einafter called Organization, to init	iate debit or credit entries to my
checking account/ savings account (circle one) in	dicated below at the depository fin	ancial institution named below,
hereinafter called Depository, and to debit/credit t	he same to such account. I acknow	wledge that the origination of ACH
transactions to my account must comply with the	provisions of U.S. law.	
Financial Institution Name:		
Routing Number:		
Account Number:		
This authorization is to remain in full force and eff	ect until Organization has received	d written notification from me of its
termination in such time and in such manner as to	afford Organization and Deposito	ry a reasonable opportunity to act on
it.		
I agree that Organization has my permission to dr	raft \$ each month on t	heof the month until
written notification to terminate is given.		
Signature:	Date:	

## Please mail this form with your voided check to:

CWJC of Grand Prairie 123 West Main St Ste 120 Grand Prairie, TX 75050

Your gift is 100% tax-deductible as a charitable donation. No goods or services were provided in exchange for your contribution.

CWJC Tax ID: 47-3355161 CWJC of Grand Prairie Texas is a 501 (c) (3) organization