

# Electronic Giving Transfer Authorization

We are now offering electronic giving as a more convenient way of giving back a portion of what God has blessed us with.

I authorize Camp Harmony of Hooversville Pennsylvania to automatically withdraw my donation as indicated on this form.

**Please debit my: (check one)**

\_\_\_\_\_ Checking Account # \_\_\_\_\_

\_\_\_\_\_ Savings Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_

Bank Routing # \_\_\_\_\_

**You may choose one or both of these:**

\_\_\_\_\_ General gift—**Total** amount per month \$ \_\_\_\_\_

\_\_\_\_\_ Designated Gift for: \_\_\_\_\_ **Total** amount per month \$ \_\_\_\_\_

**Choose monthly or bi-weekly withdraws (Check one).**

\_\_\_\_\_ Monthly withdraws will be on the first Friday of the month.

\_\_\_\_\_ Bi-weekly withdraws will be on alternate Fridays.

(If any withdraw Friday falls on a non-banking business day, the withdraw will be on the next banking business day.)

Please attach a voided check from the account from which automatic withdraws will be made and specify the month you want automatic withdraws to begin.

Month: \_\_\_\_\_

If you ever need to change or cancel this authorization, please contact us. This authorization will remain in effect until we are notified otherwise.

**Signature** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Please return to Camp Harmony at P. O. Box 158, Hooversville, Pennsylvania 15936. A receipt will be sent to you at the end of each calendar year.