

# Authorization for Automatic Donation to Riverside Christian School

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Please deduct \$\_\_\_\_\_ from my:

Checking Account

Savings Account

on the **second** of each month beginning \_\_/\_\_/200\_

on the **sixteenth** of each month beginning \_\_/\_\_/200\_

on the **second AND sixteenth** of each month beginning \_\_/\_\_/200\_

Name of my bank:

\_\_\_\_\_

Address of Bank:

\_\_\_\_\_

City

State

Zip

Routing Number (nine digits on bottom of check):

Account Number (include zeroes):

-----

\_\_\_\_\_

Signature of donator:

\_\_\_\_\_