

*Authorization Agreement for Automatic Withdrawal Donations*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize CAMP OF CHAMPIONS USA to withdraw a monthly gift from my account at  
the bank or credit union named below:

Bank or Credit Union: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 9 Digit

Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Account

Type: Checking Savings Gift Amount \$ \_\_\_\_\_/month

Monthly Transfer Date: 1st 15th Starting Month \_\_\_\_\_ Please use my gift for

the following: \_\_\_\_\_

This authority is to remain in effect until CAMP OF CHAMPIONS USA receives written notification from me of its termination.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*If returning this form by mail, please also enclose a voided check for verification.

Please mail to:

Camp of Champions USA  
714 Hamilton Blvd STE #200  
Peoria, IL 61603