



3104 Wayne Route F * Greenville, MO 63944
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campallen1954@gmail.com
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AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWLS (ACH DEBITS)

I hereby authorize Camp Allen Ministries Inc. to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my account indicated below and further authorize the depository named below to debit and/or credit the same to such account.

I authorize Camp Allen Ministries Inc. to debit my (___ checking account) (___ savings account)
\$ _____ on the first working day of each month, beginning _____.

I want to invest in Camp Allen as needed _____

I want to invest in Camp Allen for principle debt reduction _____

I want to invest in Camp Allen in the following manner: _____

This authority is to remain in full force and effect until Camp Allen Ministries has received written notification from me of its termination in such time and in such manner as to afford Camp Allen Ministries Inc. and the depository a reasonable opportunity to act on it. **REQUESTS MUST BE RECEIVED 5 WORKING DAYS BEFORE THE 1ST WORKING DAY OF THE MONTH TO BE INCLUDED OR REMOVED FROM THE UPCOMING BATCH.**

Printed Name _____

Mailing Address _____

Signature _____

Phone Number _____ Date _____

Please include email address if you wish to receive receipts via email.

Email Address _____

Please enclose a cancelled check from which Camp Allen Ministries Inc. may obtain your account information.
If you wish to use a savings account, please include a deposit slip.

Send to:
Camp Allen Ministries Inc.
3104 Wayne Route F
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