



ACH BANK DRAFT AUTHORIZTION FORM FOR DONATIONS

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Type of Donation:

- ☐ One time (draft to be made upon receipt of completed form)
☐ Monthly (1st of each month, beginning on the month after authorization form is received and ending after 12 payments)

Amount of one-time donation: \$ _____

Amount of monthly donation: \$ _____

Bank Information:

Name on account: _____

Routing number: _____

Account number: _____

Is this a checking or savings account: _____

Please return the completed form by email to: finance@rlscary.org or by mail or in person to Resurrection Lutheran School, 100 W. Lochmere Drive, Cary, NC 27518

By completing this form, I am authorizing Resurrection Lutheran School to draft the listed donation(s) from the above account. I authorize that I am the owner of this account.