



Automatic Monthly Withdrawal Form

- This form is used for authorizing Brookhaven Retreat to withdraw donations directly from donors' bank accounts or credit/debit cards each month. Please complete all three sections.
- All donations are tax-deductible. Brookhaven Retreat is a non-profit 501(c)(3) charitable organization (EIN# 75-1964474).
- Please mail the completed form with a deposit slip or voided check (write "VOID" on the check) to Brookhaven Retreat, 748 CR 3909, Hawkins, TX 75765.

Section 1: Designation

- Area of Greatest Need \$ _____ per month
- Outdoor Education Program \$ _____ per month
- Camper Scholarship Fund \$ _____ per month

Section 2: Authorization for Automatic Monthly Bank Withdrawal or Credit/Debit Card Charge

ACH Bank Withdrawal OR Credit Card Debit Card

Please attach a voided check (write "VOID" on the check).



Start Date (mm/dd/yy): Amount:
□□/15/□□ \$□□□□.□□

Withdrawals will occur on the 15th of each month.

Bank Name:
□□□□□□□□□□□□□□□□□□□□

Routing No. (9 digits):
□□□□□□□□□

Account No. (10 digits):
□□□□□□□□□□

 
Start Date (mm/dd/yy): Amount:
□□/□□/□□ \$□□□□.□□

Name on Card:
□□□□□□□□□□□□□□□□□□□□

Card No. (16 digits):
□□□□□□□□□□□□□□□□

Expiration Date (mm/yy): Zip Code (Billing Address):
□□/□□ □□□□□□

Section 3: Personal Information

Name: _____ Address: _____
E-mail: _____ City: _____
Phone: _____ State: _____ Zip: _____

I hereby authorize Brookhaven Retreat to initiate automatic withdrawal from my bank or credit/debit account each month. This authorization is to remain in effect until revoked by me in writing by the 5th day of the month I cancel the authorization.

Signature: _____