



DIRECT DONATION AUTHORIZATION FORM

*I (we) hereby authorize WaterStone to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until WaterStone is notified by me (us) in writing to cancel it in such time as to afford WaterStone and the financial institution a reasonable opportunity to act on it. (Please attach a **VOIDED Check** to the form and return in the enclosed envelope, or you may fax form to 719.447.4700.)*

FINANCIAL INSTITUTION INFORMATION

Name of Institution	
Address	
Routing Number	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	
Donation Amount*	
Recurring Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

***Minimum withdrawal is \$50.00. Funds will be withdrawn the last Friday of the month or the last Friday of the quarter. Your bank statement will show a deduction from WaterStone.**

DONOR INFORMATION

Donor Name	
Donor Address	
Donor Phone Number	
Donor Preference of Fund or Project #	Project #7536
Preference of Fund or Project Name	Agape Restoration Society
Signature	
Date	

**Attach
Voided
Check Here**