



Pledge Form



\$1 ___ \$10 ___ \$25 ___ \$50 ___ \$100 ___ Other\$ ___

The draft should be drawn Monthly ___ or Quarterly ___

Financial Institution Name: _____

Routing Number: _____ **Account Number:** _____

Printed Name: _____

Authorizing Signature: _____ **Date:** _____

I wish to begin my Habit of Helping by authorizing Bank It to draft my account in support of their CommUNITY Visions. I will inform Bank It, in writing, should I choose to discontinue my pledge.



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