



In support of the Bank IT quarterly visions, I authorize a draft on my account in the amount of

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

The draft should be drawn Monthly _____ or Quarterly _____

I will notify you in writing should I decide to cancel my pledge.

Financial Institution: _____

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

Printed Name: _____

Authorizing Signature: _____ **Date:** _____

2017 COMMUNITY Visions - City Pool, Act 1 Theater, Big Five (Head Start), and Food Bank Drive