Pamlico Christian Academy

change your child's life

Capital Campaign Authorization Form for Bank Draft

I _____, *do hereby authorize Pamlico Christian Academy to begin drafting my account from the banking institution and account that I have listed below. I understand that if at any time I decide to discontinue this payment service, I will notify Pamlico Christian Academy of its termination and in such a manner as to afford the financial institution reasonable opportunity to act on it. The Bank Draft program is a fee free service for Pamlico Christian Academy and the author of this form. In the event that Pamlico Christian Academy withdraws funds erroneously from my account, I authorize Pamlico Christian Academy to credit my account for an amount not to exceed the original amount of the erroneous debit. Then debit the correct amount.*

Please complete the following:

Date_____

Bank Name _____

Account Type: _____

Bank Routing # _____

Bank Account #_____

Start Date: _____

Draft Amount: $_____

Frequency of Donation:

☐ **Monthly** ☐ **Quarterly** ☐ **Bi-Annual** ☐ **Annual** ☐ **One time only**

☐ **Custom configuration** _____

Donation preference:

☐ **Capital Campaign** ☐ **Naming Opportunity** _____

Name: _____

First *Middle* *Last*

Signature: _____