

Monthly Direct Deposit Donation

Amount per month

- \$10 \$100
 \$20 \$250
 \$50 Other _____

Monthly withdrawal date:
(check one) 4th or 17th

Name _____

Routing No. _____ (the first 9 digits listed on the bottom of check)

Acct. Number _____ (next set of numbers on bottom of check)

Or attach a voided check for checking acct OR a deposit slip for a savings acct

I authorize my bank to transfer the above amount from my checking/savings account to Buntport Theater each month. This Authority is to remain in full force and effect until Buntport has received written or electronic notification from me for its termination in such time and reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Donor Signature _____ Date _____