

Please Use This Form To Request An Automatic Deduction From Your Account

Annual Fund Drive Electronic Debit Authorization

Consumers Professional Credit Union
525 West Willow
Lansing, MI 48906
(517) 372-2400

I authorize the financial institution designated below to deduct my payment from the savings or checking account provided. I understand that I control my payments and if at any time I wish to discontinue this electronic deduction, I need only notify Consumers Professional Credit Union.

Please contact your financial institution for proper routing & transit and account number information.

FUNDS TRANSFERRED FROM:

Financial Institution: _____
Address: _____
City/State/Zip: _____
Telephone: _____ FAX: _____

Saving: _____ Routing & Transit #: _____ Account #: _____
Checking: _____

Account Owner(s): _____

FUNDS TRANSFERRED TO:

Account Owner: Battle Creek Area Catholic Schools Foundation
Financial Institution: Consumers Professional Credit Union
Address: 687 Capital Avenue SW
City/State/Zip: Battle Creek, Mi 49015
Telephone: (269) 964-2713
Routing & Transit #: **272482003** Account: **23298** Checking Suffix: **11**

Amount: _____ **Frequency:** _____ **Beginning Date:** _____

SIGNATURE: _____ **DATE:** _____

Please **cancel** my deduction, effective _____

SIGNATURE: _____ **DATE:** _____

**Please return this form along with your pledge card to the
BCACS Foundation at 63 North 24th Street, Battle Creek, MI 49015.**