

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

Annual Fund Drive Electronic Funds Transfer 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 on notify Consumers Professional Credit Union.	
<i>Please contact your financial institution for proper routing, transit and account number information.</i>	
FUNDS TRANSFERRED FROM:	
Financial Institution: _____ Address: _____ City/State/Zip: _____ Telephone: _____ Fax: _____	
Account Owners: _____	
Savings: _____ Account #: _____ Checking: _____ Routing & Transit #: _____	
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 and Transit #: 272482003 Account #: 23298 Checking Suffix #: 011	
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**