

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

| <b>Electronic Funds Transfer Authorization</b>  |
|---|
| Consumers Professional Credit Union<br>525 West Willow<br>Lansing, MI 48906<br>517.372.2400   |
| <i>By signing below, I authorize the financial institution designated below to deduct my payment from the savings or checking account provided. I understand that the payments will be deducted as outlined below and if at any time I wish to discontinue this electronic deduction, I need to notify Consumers Professional Credit Union.</i> |
| <b>FUNDS TRANSFERRED FROM:</b>  |
| Financial Institution: _____<br>Address: _____<br>City/State/Zip: _____<br>Telephone: _____ Fax: _____  |
| Account Owners: _____<br>Account Number: _____<br>Account Routing Number: _____   |
| <b>DONATION DETAILS:</b>  |
| Amount: _____ Frequency: _____ Beginning Date: _____<br>Signature: _____ Date: _____  |
| <b>FUNDS TRANSFERRED TO:</b>  |
| Account Owner: Battle Creek Area Catholic Schools Foundation<br>Financial Institution: Consumers Professional Credit Union<br>Address: 687 Capital Avenue SW<br>City/State/Zip: Battle Creek, MI 49015<br>Telephone: 269.964.2713<br>Routing and Transit #: 272482003      Account #: 23298      Checking Suffix #: 011                         |
| <b>TRANSFER CANCELLATION:</b>   |
| Please cancel my deduction effective: _____<br>Signature: _____ Date: _____   |

Please return this form to:  
BCACS Foundation  
63 North 24<sup>th</sup> Street  
Battle Creek, MI 49015