

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

<b>Electronic Funds Transfer Authorization</b>
Consumers Professional Credit Union 525 West Willow Lansing, MI 48906 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: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____
Account Owner(s): _____
Account Number: _____
Account Routing Number: _____
<b>DONATION DETAILS:</b>
Amount: _____ Frequency: _____ Beginning Date: _____
Signature: _____ Date: _____
<b>FUNDS TRANSFERRED TO:</b>
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
<b>TRANSFER CANCELLATION:</b>
Please cancel my deduction effective: _____
Signature: _____ Date: _____

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