



Authorization Agreement for Contribution Direct Deposit

I hereby authorize Purdue Christian Campus House to make monthly debits in the account identified below at _____ (name of Financial Institution) and authorize the Financial Institution to accept these debits. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Purdue Christian Campus House. An annual receipt will be sent to me for these contributions.

Name of Financial Institution: _____

Financial Institution’s Routing & Transit Number (9 digits long): _____

Account Number to Debit: _____

Type of Account (circle one): **Checking** **Savings**

Amount of Contribution (each month): _____

Gift Designation (general fund will be designated if blank): _____

Date of First Transaction: _____

Please perform the transaction on (circle one): **1st of the month** **15th of the month**

Your Name: _____

Address/City/State/Zip: _____

Signature: _____ Date: _____

If this is a checking account, please attach a voided check to this authorization.

Please mail form and voided check back to:

*Purdue Christian Campus House
Attn: Dana McKinnis
1000 W State Street
West Lafayette, IN 47906*

WHOLE GOSPEL
WHOLE LIFE
WHOLE WORLD

Or email a scanned signed copy of the form and voided check to: dmckinnis@pcch.org

