



CAMP DEER RUN

1227 CR 4590 • Winnsboro, TX 75494 • Camp Office: 903-629-7165

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Authorization for Automatic Monthly Bank Withdrawal

Contact Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Please attach a voided check (write "VOID" on the check)

Start Date (mm/dd/yy): _____ Amount: \$ _____
_____ / _____ / _____

Withdrawals will occur on the 21st of each month

Bank Name: _____

Routing No. (9 digits) _____

Account No. (10 digits) _____

I (we) hereby authorize Camp Deer Run to initiate automatic withdrawal from my bank account (*designated above*) each month. This authorization is in the amount of \$ _____ dollars each month. This authorization is to remain until Camp Deer Run has received written notification (*letter or email*) from me of its alteration or termination.

Signature _____