



## Bank Account Direct Giving (Automatic Withdrawal) Form

**\*Please print, complete and return this form, along with a voided check, to:**

Wellspring Community  
4833 Front St. Unit B-426  
Castle Rock, CO 80104  
303.660.1935

Account Holder's Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Monthly Contribution Amount: \$\_\_\_\_\_

I would like the monthly bank account withdrawal done on the following date:

15<sup>th</sup>     30<sup>th</sup>\*

\*or, last day of month

I authorize Wellspring Community and the financial institution named above to charge my account the amount I have indicated. This authority will remain in effect until I give notice to cancel it. I understand that my account will be debited at the time my authorization is received and thereafter in each subsequent month on the date I have selected. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Wellspring Community is a 501(c)(3) non-profit organization. All contributions are tax deductible to the fullest extent allowed by law.**

**We are grateful for your support!**