



# Homeword

## Form for Monthly Automatic Withdrawal

1) Full Name (as appears on Bank Account): \_\_\_\_\_

2) Name of Bank: \_\_\_\_\_

3) Type of account:  Checking  
 Savings

4) Account Number: \_\_\_\_\_

5) ACH Routing Number for Bank: \_\_\_\_\_

6) Amount donating monthly\*: \$\_\_\_\_\_

7) I understand that my deduction will occur on the 20<sup>th</sup> of every month (if the 20th falls on a weekend, the deduction will post the following Monday):

By signing and dating, I authorize homeWORD to deduct the amount listed above from my bank account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

8) Please attach a voided check below.

**\*Your monthly deduction and/or date of deduction can be edited or withdrawn with written notice to Homeword. Changes will take effect no later than 30 days after receipt of written notice.**

**Please return this form to Homeword at 127 N Higgins Ave, Ste 307, Missoula, MT, 59802. Thank you for your ongoing support. If you have questions, please contact Liz Stoeckel, Fund Development Coordinator, at (406) 532-4663 x16 or [liz@homeword.org](mailto:liz@homeword.org).**