



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 17th of every month (if the 17th 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***Your monthly deduction and/or date of deduction can be edited or withdrawn with written notice to Homeword.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 1535 Liberty Lane, Ste. 116A , Missoula, MT, 59808. Thank you for your ongoing support. If you have questions, please contact Jessica Burson, Fundraising and Marketing Manager, at (406) 532-4663 x16 or jessica@homeword.org.