



Children of Promise Automatic Bank Withdrawal Authorization

Yes, please sign me up for automatic bank withdrawal.

Child ID# _____ Child Name _____

Sponsor ID# _____ (not assigned until sponsorship is processed)

Sponsor Name _____

Address _____

City/State/Zip Code _____

Phone _____

Email _____

Please withdraw my child sponsorship support on the following date each month:

The 5th day of every month The 20th day of every month

Please withdraw the following amount monthly.

My regular monthly sponsorship support. \$ _____

Extra donation to the *Making It All Happen Fund*. \$ _____

Total Amount Withdrawn Monthly \$ _____

Voided Check - Required for Automatic Bank Withdrawal

I have attached a voided check from the banking institution and account that I wish to use for the automatic withdrawal for my Children of Promise child sponsorship.

Authorized Signature for Automatic Bank Withdrawal _____

Date _____

STATEMENTS Send electronically Send paper

You will receive an annual statement in January for the previous year.



PLEASE ATTACH VOIDED CHECK HERE.
(Write VOID across the full check.)

Children of Promise
PO Box 2316
Anderson, IN 46018
Phone: 765.648.2190
www.echildrenofpromise.org