



Authorization for Electronic Funds Transfer for Gift

Name _____

Address _____ State _____ Zip _____

Telephone Number (home) _____ (work) _____

Bank Name and State _____

Bank Routing and Transit Number _____

Bank Account Number _____

EFFECTIVE MONTH & YEAR: ____ \ ____

NOTE: Electronic Funds transfers are made on the **25th of each month**, or the first business day following the 25th if the 25th falls on a Saturday, Sunday or holiday.

Calvary Baptist Day School has my permission to draft ONCE MONTHLY

Signature _____ Date _____

Signature _____ Date _____

I authorize Calvary Baptist Day School to **STOP** the automatic draft of my checking account.

EFFECTIVE MONTH & YEAR: ____ \ ____

Signature _____ Date _____

Please attach a copy of a voided check on the account you want to be drafted and return this to the Headmaster's Office or the CBDS financial office in A-2202A.

Other Ways to give

Matching Gifts Programs
(Enquire with Your Company's HR Department)

[Electronic Fund Transfer](#)
(Automatic Deposits)

[Credit Cards](#)

Gifts of Stock & Property

Planned Gifts *(bequests, life insurance, trust agreements, etc.)*