

BEAR CREEK DONOR INFORMATION	
Last Name	First Name
Street Address	
City / State / Zip	
Daytime Phone / Cell Phone	

CONTRIBUTION INFORMATION
Contribution Amount \$
Schedule:
<input type="checkbox"/> Semi-Monthly (Amount above is charged on the 1 <sup>st</sup> & 15 <sup>th</sup> of each month)
<input type="checkbox"/> Monthly (Amount above is charged on the 1 <sup>st</sup> of each month)
<input type="checkbox"/> Monthly (Amount above is charged on the 15 <sup>th</sup> of each month)

ACCOUNT INFORMATION
Account Number:
Routing Transit Number:
<b>Please attach a voided check to this form.</b>

AUTHORIZATION INFORMATION
By signing below, I authorize <b>Bear Creek Christian Church</b> to automatically withdraw my contributions as listed above.
Signature:
Effective:

CANCELLATION
By signing below, I hereby cancel my authorization for automatic contributions to Bear Creek Christian Church, effective as of the date listed below.
Signature:
Effective:

This form may be signed and dropped in the offering at a Sunday service, or mailed to the address below:

**Bear Creek Christian Church**  
**P.O. Box 9278**  
**Rochester, MN 55903**