



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

I authorize **Denmark Community Cupboard, Inc.**, to initiate electronic debit entries to my

Checking Account

Savings Account

for my contribution. I agree to contribute the amount listed below on the date(s) I have selected. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing. I assume all responsibility for fees and charges in the event I close my account or have insufficient funds available.

**For Checking and Saving Accounts (choose a date and write an amount):**

5<sup>th</sup> of the Month: \$ \_\_\_\_\_

20<sup>th</sup> of the Month: \$ \_\_\_\_\_

5<sup>th</sup> **and** 20<sup>th</sup> of the Month: \$ \_\_\_\_\_

\_\_\_\_\_  
Name on Account (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution City and State

\_\_\_\_\_  
Account Number at Financial Institution

\_\_\_\_\_  
Routing Number of Financial Institution

\_\_\_\_\_  
Signature (Must Be an Authorized Signer)

*Please return this form **with a voided check** to:  
Denmark Community Cupboard, PO Box 283, Denmark, WI 54208*

*You will receive a note from us when your requested donation amount is set up for processing.*