



AUTOMATED DONATION PLAN

You now have the opportunity to make your contributions to Sunnybrook through automatic withdrawal from your bank account. To enroll in Sunnybrook's Automated Donation Plan, please fill out this form and return it to the church office with a voided check. You may cancel or suspend this donation at any time by contacting us.

Name: _____

Address: _____

City, State, Zip: _____

I authorize my bank to transfer from my checking/savings account each month to be deposited with Sunnybrook Christian Church the amount of \$_____.

Routing #: _____

Account #: _____
**Note: Please attach a voided check.*

Withdraw on the ___ 5th or ___ 18th day of every month

Beginning on _____ / _____
month year

Authorized signature: _____

*Your automatic contribution will continue until you notify us in writing.
Contribution statements will be sent semi-annually.*



AUTOMATED DONATION PLAN

You now have the opportunity to make your contributions to Sunnybrook through automatic withdrawal from your bank account. To enroll in Sunnybrook's Automated Donation Plan, please fill out this form and return it to the church office with a voided check. You may cancel or suspend this donation at any time by contacting us.

Name: _____

Address: _____

City, State, Zip: _____

I authorize my bank to transfer from my checking/savings account each month to be deposited with Sunnybrook Christian Church the amount of \$_____.

Routing #: _____

Account #: _____

**Note: Please attach a voided check.*

Withdraw on the ___ 5th or ___ 18th day of every month

Beginning on _____ / _____
month year

Authorized signature: _____

*Your automatic contribution will continue until you notify us in writing.
Contribution statements will be sent semi-annually.*