

**CIRCLE OF EMPOWERMENT INC.**

(ENDORSED BY CORNERSTONE COMMUNITY BANK)

Circle of Empowerment, Inc., 715 6<sup>th</sup> Ave., Grafton, WI 53024

**AUTHORIZATION FORM**

Effective Date: \_\_\_\_\_

Choose one of the following:

New Authorization

Change Authorization

Discontinue Electronic Contribution

Change Contribution Date

Change Financial Institution

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

**Sponsor a student for \$8.33 per month (i.e. 1 student = \$8.33/transfer, 2 students = \$16.66/transfer)**

- Monthly (transferred on the 1<sup>st</sup> of each month) Amount per transfer: \_\_\_\_\_

**Monthly Donation**

- Monthly (transferred on the 15<sup>th</sup> of each month) Amount per transfer: \_\_\_\_\_

Please take my contribution directly from the account specified below: (circle one)

Checking account (attach voided check)                      or                      Savings account (attach bank letter)

Name of bank: \_\_\_\_\_

Routing number: \_\_\_\_\_                      Account number: \_\_\_\_\_

I authorize Circle of Empowerment, Inc. to process debit entries to my account. I have attached a voided check or bank letter. This authority will remain in effect until I give written notification at least 14 days prior to withdrawal date to terminate this authorization.

Authorized signature on my account: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the completed form and voided check to:**

**Circle of Empowerment, 715 6<sup>th</sup> Ave, Grafton, WI 53024**