



Home & School for Children in Crisis
in Eastern North Carolina

AUTOMATIC BANK DRAFT APPLICATION

You can spread your annual gift over an entire year by authorizing your bank to make monthly transfers from your checking account. To participate in this program, complete this form and return it to us with a voided check.

I authorize my bank to make payments in the amount of \$_____ per month (\$10/month minimum for a minimum of one year) on the 15th day of the month beginning _____(month). This authorization remains in effect until I notify Stroke of Faith, Inc. of its termination. Notification can be made by contacting Stroke of Faith, Inc. Using the space provided below, please designate how you wish your gift to be used. You may give an unrestricted gift. You can also designate a specific fund.

Gift Designation: _____

Your Name: _____

Daytime Phone: _____

E-mail: _____

GIFT PROCESSING

For more information:

252-671-7555
strokeoffaith@aol.com

Staple voided check below:

Bank Account Information

Bank Name: _____

Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Purpose of this Application – Check one

New Application Change Existing Banking Information

Signature: _____

Date Signed: _____

