

Please Use This Form To Authorize Employee Payroll Deduction

Annual Fund Drive ACH Authorization
I hereby request and authorize my employer to send \$ _____ per pay period beginning (M/D/Y) _____ by ACH to Consumers Professional Credit Union (CPCU) for deposit to the account of the Battle Creek Area Catholic Schools Foundation.
Printed Name: _____
Signature: _____ Date: _____
FUNDS TRANSFERRED TO: Account Owner: Battle Creek Area Catholic Schools Foundation Financial Institution: Consumers Professional Credit Union Address: 687 Capital Avenue SW City/State/Zip: Battle Creek, MI 49015 Telephone: 269.964.2713 Routing and Transit #: 272482003 Account #: 23298 Checking Suffix #: 011
This authorization is revocable by me upon written signature (below) to my employer or upon my termination of my employment.
Printed Name: _____
Signature: _____ Date: _____

**Please provide this form to your employer. Mail or fax a copy to the
BCACS Foundation at 63 North 24th Street, Battle Creek, MI 49015.
Phone: 269.963.4771/Fax: 269.963.3917**