



OFFICE: 307-460-1605

EMAIL: Director@LaramieSoupKitchen.org

104 South 4th Street, Suite 101, Laramie, WY 82070

Tax ID: 83-0319157

MONTHLY AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

I (we) hereby authorize the **Laramie Soup Kitchen** to initiate a Charge/Debit from my (our) bank account. This authority will remain in effect until the Laramie Soup Kitchen is notified by me (us) to change the amount or cancel it provided sufficient time is afforded to the Laramie Soup Kitchen and my (our) financial institution to act on it.

Name(s)

Address

City/State

Zip

Daytime/Cell Phone

Email

\$ _____

Donation Amount per Month (\$10 minimum)

Checking Savings

Account Type (check one)

Bank Routing #

Account #

Note: Recurring monthly donations are drafted on the 5th or 20th of the month (check one) or the following business day after the 5th or 20th if that date falls on a weekend or holiday.

Withdraw my (our) donation on the 5th of each month

Withdraw my (our) donation on the 20th of each month

I (we) authorize the Laramie Soup Kitchen to process this gift until otherwise instructed.

Donor Signature

Date

Donor Signature

Date