

Camp Arcadia

Donor Enrollment and Authorization Form

Return completed enrollment form to the Camp Office by mail or fax.

Complete this form for AUTOMATIC MONTHLY DONATIONS (Please print in black ink)			
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name _____	First Name _____	M.I. _____
	Mailing Address _____		
	City _____	State _____	Zip _____
	Home Telephone # _____		Work Telephone # _____
Donations/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number _____		REQUIRED: I authorize Lutheran Camp Association to automatically withdraw donations/payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization. Account Holder Signature _____ Date _____	
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY			
Date of Donation: (Please check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th Amount of monthly donation \$ _____ (minimum \$5)		Date of First Donation _____ Date of Final Donation _____ Note: To have your donation given continuously until you notify us to change or stop it, please write "CONT" in the Date of Final Donation.	

Camp Arcadia - PO Box 229 - Arcadia, MI 49613 - (231) 889-4361 - fax (888) RKD-1922