

Automatic Donation Authorization

This form authorizes the Clergy Recovery Network to receive automatic transfers of funds from the bank account listed below.

The amount of my MONTHLY donation: \$ _____ .

The date I would like it debited from my account each month to CRN:

_____ 5th day of the month _____ 20th day of the month

My Donation is to be for:

- Wolery Support
- General Fund
- Sterling Wolery Memorial Fund

Financial Institution's Name: _____

Financial Institution's Address: _____

City: _____ State: _____

Zip: _____

Account number: _____

Signature: _____

Full Printed Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

To initiate this donation process you must attach a VOIDED check or deposit slip. Write VOID across the blank check or deposit slip and send it with this completed form to CRN. You may increase, decrease or discontinue this support at any time by notifying the Clergy Recovery Network office.