



## Authorization for Automatic Bank Withdrawals

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Submission Date</b>	

I authorize El Grupo Norte Youth Cycling to debit my checking or savings (circle one) \$\_\_\_\_\_ per month, starting in \_\_\_\_\_ (month), \_\_\_\_\_ (year).

End my donation on \_\_\_\_\_ (date) or after \_\_\_\_\_ consecutive payments.

OR

Continue my gift monthly until I cancel

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

You may modify or cancel your donation at any time by contacting Norte at 231.883.2404 or by emailing [give@norteyouthcycling.org](mailto:give@norteyouthcycling.org). Thank you for your support!

**Norte Youth Cycling + PO Box 781 Traverse City, MI 49685**