

Automatic Withdrawal



Homeward Bound Theatre Company  
P.O. Box 661  
Chanhassen, MN 55317

Effective date of authorization: \_\_\_/\_\_\_/\_\_\_

Type of Authorization form:  New authorization

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Debit my donation from my:

Checking (attach a voided check)  Savings (contact your financial institution for Routing #)

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

(Valid Routing # must start with 0, 1, 2, or 3)

Date of First donation: \_\_\_/\_\_\_/\_\_\_

Frequency of donation:  Weekly  Semi-monthly \_\_\_ & \_\_\_  Monthly on the \_\_\_\_\_

Fund designations and amounts:  General/Operating

*We do not sell, trade, or rent your personal information to others.*