



# Adventure Cycling Association

## Monthly Donation Electronic Funds Transfer Request Form

### Supporter Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Banking Information:

Routing #: \_\_\_\_\_ (9 digits)

Account #: \_\_\_\_\_ (10-12 digits)

Account Type (please check only one)      Checking       Savings

Donation Amount:      \$ \_\_\_\_\_

### Authorization:

Please sign below to confirm that you are authorizing Adventure Cycling Association to begin transferring monthly donations from the account mentioned above.

\_\_\_\_\_  
Signature

(    ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Send this form or a voided check to:  
Adventure Cycling - Brooke Carey, P.O. Box 8308, Missoula, MT 59807

You can alter or stop the deduction at any time by emailing [development@adventurecycling.org](mailto:development@adventurecycling.org) or calling 406-532-2755 or 800-755-2453 ext. 241.