



**CHECK INFORMATION (all fields must be filled in)**

Name of person or company on check: \_\_\_\_\_

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

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

Donation Amount: \_\_\_\_\_  One-Time  Monthly

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

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

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

ABA Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

I hereby certify that I am authorized to sign checks against this account and authorize Bush Fire Project to process the resulting ACH transactions and to debit the checking account identified above. I understand that I may revoke this authorization at any time by notifying Bush Fire Project by e-mail to [info@bushfireproject.org](mailto:info@bushfireproject.org).

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Attached Voided Check Here