

Frontier Camp ACH/Auto-Debit Consent



Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Information

Name of Bank: _____

Account Number: _____

Routing Number: _____

I consent to allow Frontier Camp to draft the following from my bank account:

Amount: _____ Duration: _____

(Enter a number of months you wish to allow the draft or enter N/A if you wish us to continue indefinitely until you cancel. Should you choose a number of months, you may cancel at any time by calling Frontier Camp).

Draft Date (circle one) 15th or end of month

(If 15th or end of month falls on a weekend or holiday, we will make the draft on the nearest business day).

Please choose the fund you would like your donations applied to:

General _____ Improve Our Serve (capital/special projects) _____

Camper Scholarships _____ Angel Tree _____ Timothy Week _____

Signature: _____ Date: _____

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Please print this page and fax to (936) 546-0341 or print, scan and e-mail to info@frontiercamp.org

If at any time you wish to edit or cancel this auto-debit feature for one month or permanently, contact our Office Manager at (936) 544-3206 x5101 or email info@frontiercamp.org.

131 Frontier Camp Rd.
Grapeland, TX 75844
(936) 544-3206 x5101



www.frontiercamp.org
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