



## CENTER *for* RURAL AFFAIRS

Values. Worth. Action

### Donor Authorization

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

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

City/State/Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_

I, the above named, hereby acknowledge and authorize the Center for Rural Affairs to automatically withdraw a donation in the amount of \$\_\_\_\_\_ (minimum of \$10) every month on the 27th day. Please use the financial institution information listed below to withdraw the donation.

Financial Institution: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Account type: Checking or Savings  
(circle one)

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

**\*\*\*\*PLEASE ATTACH A VOIDED CHECK \*\*\*\***

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

Please return this from to: John Crabtree, Center for Rural Affairs, PO Box 136, Lyons, NE 68038