



Harvest Bridge ACH Donation Form

Please mail completed form to **Harvest Bridge, P.O. Box 284, Grove City, PA 16127**, or email it to info@harvestbridge.org

Name: _____

Address: _____

Email: _____ Phone: _____

Donation Type (check the appropriate box):

Monthly

One-Time

Amount: _____

Would you like to designate your donation to a particular ministry area (church planting, children programs, pastor education, etc.)? If not specified, we will use the funds where needed most.

Authorization

“I authorize Harvest Bridge to deduct the amount indicated above from the account named below. I can cancel this at any time by writing to Harvest Bridge at the address or email address above.”

Name of bank or financial institution: _____

Customer name on checking account: _____

Routing number on check: _____ (see below)

Account number on check: _____ (see below)

Signature: _____ Date: _____

Please return this form with a voided check.

John Doe		0001
111 Main Street		
Town, PA 000000		
PAY TO THE		
ORDER OF _____		\$ _____
		DOLLARS
Bank Name		
MEMO _____		
⑆123123123⑆	456456456⑈	0001
Routing #	Account #	

Thank You!