



Pointing Others to the Cross

Direct Giving by EFT (Electronic Funds Transfer)

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Phone: _____

I give my bank permission to transfer the following amount from my personal bank account to Camp Crosspoint each month.

\$ _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

The monthly transfer will be the 10th of each month, beginning date: _____

The deduction will be from my: ☐ Checking Account ☐ Savings Account

I hereby authorize Camp Crosspoint to automatically deduct the above amount from my account by means of EFT on the 10th day of each month. I understand that I may terminate or change this agreement at any time by providing written notification to Camp Crosspoint.

Signature: _____ Date: _____

Return to Camp Crosspoint : Fax: 229-294-2294

Email: camp@campcrosspoint.org

Mail: PO Box 444, Pelham, GA 31779