

BAREFOOT REPUBLIC CAMP

Automatic Bank Draft Authorization Form

NAME _____
ADDRESS _____

PHONE _____
EMAIL _____

Please send either a voided check from the account that you wish the bank draft to be taken from or send the following information:

NAME AS IT APPEARS ON BANK ACCOUNT _____
BANK NAME _____
BANK ROUNDING NUMBER _____
CHECKING ACCOUNT NUMBER _____

AMOUNT TO BE DEDUCTED EACH MONTH _____
WITHDRAWAL DATE (15th or 30th) _____

Designate Funds For (Optional):

- General Fund
 Capital Campaign
 Camp Scholarship Fund
 Other _____

YOUR SIGNATURE

DATE

Please complete this form and return to:

Barefoot Republic Camp
P.O. Box 40365
Nashville, TN 37204

If you have any questions, contact
Tommy Rhodes at 615.429.2531 or
trhodes@barefootrepublic.org

THANK YOU!