



Crescent Academy International
 40440 Palmer Rd
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 Email: admin@crescentacademy.org



DONATION FORM

Please complete all information, sign where indicated and return.

This form allows **Michigan Education Council dba Crescent Academy International** to withdraw funds from your bank's checking or savings account as a donation. Transfers will occur monthly on the 15th of each month.

Donor Information

Name: _____ Phone: _____

Email: _____

Address: _____

Total Amount Pledged: _____ Amount To Be Deducted Monthly: _____

Beginning Date: _____ Ending Date: _____

Attach Voided Preprinted Check (Required)

To ensure proper routing, attach a voided check (NO deposit slip) for checking accounts or deposit slip for savings accounts to the form and return to Crescent Academy International.

I/ We authorize Crescent Academy International to act upon my/our instructions on this form.

I/We understand the withdrawal will go into effect immediately upon the receipt of this form.

I/We certify under penalty of perjury that all the information I/we provided on this form is correct. I/We are of legal age to give authorization.

Sign Here: Signature of bank account holder must be exactly as it appears on bank records.

 Account Holder's Signature

 Date

 Joint Account Holder's Signature

 Date