



# Electronic Giving Request

Yes, I/we authorize The Antioch Partners to initiate debit entries directly from my/our account maintained at the depository institution named below. This debit will occur: (SELECT ONE)

**MONTHLY**  
(the 15th of each month.)\*

**QUARTERLY**  
(March 15, June 15, September 15, December 15)\*

\* If the 15th is a weekend or holiday, the debit will occur on the next banking day.

My bank information: **(for checking account withdrawals, please attached a voided check)**

This account is:  **CHECKING**  **SAVINGS**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Each donation is to be designated to The Antioch Partners account as indicated:  
(Please indicate dollar amount)

\$\_\_\_\_\_ **Preference for Cristina and Alfonso Inchaustegui-Poy Support**

This authority is to remain in full force and effect until The Antioch Partners has received written notification from me (or either of us) that I (we) wish to revoke this authorization. I (we) understand that The Antioch Partners requires at least 7 (seven) days prior written notice to cancel authorization.

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address\* \_\_\_\_\_

\*If you want to receive an e-receipt for your electronic contributions, please provide your email address.

Signature \_\_\_\_\_

**Please mail to our financial office:**  
The Antioch Partners, 7132 Portland Avenue, Suite 136  
Richfield, MN 55423-3264

**If you have any questions, contact The Antioch Partners at 713.490.9571.**