



Membership Form

The Club



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS			
Effective date of authorization:		Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change account information	
Last Name		First Name	
Address			
City		State	Zip
<i>Optional – For Birthday Card purposes only</i>			
Member D.O.B. (mm/dd) /		Dog Name(s)	Dog(s) D.O.B. (mm/dd) /
Email			
First Date of donation:		/20/20 (if Sunday or holiday withdrawal will be the next business day)	
Monthly Donation Amount:		\$ (Minimum \$10.00 per month)	
Checking/Savings	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (enclose a savings deposit slip) <input type="checkbox"/> Checking Account (attach a voided check)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number:
	I authorize the Brew City Bully Club to make deductions from my account as ongoing donations to the organization. I understand I can cancel this authorization at any time with 15 days prior written notice mailed to: Brew City Bully Club 6669 S. 76 th Street Greendale, WI 53129.		
	Authorized Signature:		Date:
Credit Card	Please charge my credit card for my monthly donation 		Name (as it appears on card) : Credit Card #: Expiration Date: Billing Zip Code: CSV Security Code:
	I authorize the Brew City Bully Club to make deductions from my credit card as ongoing donations to the organization. I understand I can cancel this authorization at any time with 15 days prior written notice mailed to: Brew City Bully Club 6669 S. 76 th Street Greendale, WI 53129.		
	Authorized Signature:		Date:
Return Info	Please return completed form via mail or e-mail as follows: Brew City Bully Club 6669 S. 76 th Street Greendale, WI 53129 E-mail: membership@brewcitybullies.org		