

VENTURECORPS  
Automatic Clearing House Agreement Form

Please complete and mail this form to P.O. Box 1457 Wheaton, IL 60187.  
If you have questions contact us at [contact@entertheventure.com](mailto:contact@entertheventure.com).

**Bank Account Information:**

Name on Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Amount: \$40  Monthly    OR    \$480  Annually

Collection Date:     /     /

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_     Checking     Savings

I hereby authorize Venture Corps and the financial institution listed above to transfer (debit) money from the indicated account.

This authority is to remain in full force and effect until "Venture Corps" receives written notice from me of its termination.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To protect the integrity of this program, please maintain a sufficient account balance to honor your donation commitment. Please contact us if any changes need to be made to the above information.

**Venture Corps is a registered 501(c)(3) organization.  
All donations are tax deductible.**

Venture Corps • P.O. Box 1457, Wheaton, IL 60187  
Phone: 630.923.5232 • [www.EnterTheVenture.com](http://www.EnterTheVenture.com)