

## **Automatic Withdrawal Form for Church Offerings**

| Name:            |                                       |  |
|------------------|---------------------------------------|--|
| Address:         |                                       |  |
| City             | STATE                                 | _ ZIP  |
| Phone number     | <b>7</b>                              |  |
| Effective        | (month and ye                         | year) please start making monthly withdrawals of     |
| \$               | from my account listed below          | w. I understand that these withdrawals will          |
| continue until   | I provide written notice to the chur  | rch that I wish to discontinue or change my          |
| monthly withd    | Irawal. Unless I have listed specific | c instructions below for where these funds are to    |
| be applied, I u  | nderstand that they will go to the g  | general fund.  |
| will take place  | , , , , , , , , , , , , , , , , , , , | the first automatic debit to arrange the date that i |
| Financial Instit | cution Name                           | ·  |
| Name(s) on Ac    | count                                 | <del></del>  |
| Routing Numb     | er                                    |  |
| Account Numb     | oer                                   | <del></del>  |
| Signature        |                                       | Date   |

<sup>\*\*</sup>Please attached a voided check from the account that you will be using\*\*