

**BANK WITHDRAWAL FORM**

I hereby authorize Youth With A Mission Tyler to initiate a monthly withdrawal from my checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for transactions credited/debited in error. This authority will remain in effect until Youth With A Mission Tyler is notified by me (us) in writing and I will accept it in such time as to afford Youth With A Mission and the Financial Institution a reasonable opportunity to act on it.

(Complete as it appears on account)

Name of Financial Institution \_\_\_\_\_

\_\_\_\_\_

Location (City, State) \_\_\_\_\_

Financial Institution's Routing Transit Number

(Mark between symbols "1": "1" on your check) \_\_\_\_\_

Name \_\_\_\_\_

House's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Ph \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-mail \_\_\_\_\_

Checking Account # \_\_\_\_\_

or

Savings Account # \_\_\_\_\_

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

Amount charged monthly \$ \_\_\_\_\_

Area of ministry or name of missionary\* \_\_\_\_\_

Attach separate note if giving to multiple areas or missionaries.

Transactions will take place automatically on the 13th of each month.

Attach a voided check and return form to  
Pat Robinson at the address below.



YWAM TYLER