

BANK WITHDRAWAL FORM

I (we) hereby authorize Youth With A Mission Tyler to Initiate amonthly withdrawal from my checking/savings account at the FinancialInstitution indicated below and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Youth With A Mission Tyler is notified by me (us) in writing to cancel 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
(Look between symbols " | : | : " on your Check) _____

Name _____

Spouse'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



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