

BANK WITHDRAWAL FORM

I (we) 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 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 "1: 1: " 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.**



YWAM TYLER

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