

Automatic Withdrawal Form

Church Name WEST SIDE UNITED METHODIST CHURCH

Address 900 South Seventh St., Ann Arbor, MI 48103

Name on Account _____

Account Holder's Phone Number _____

I authorize the following:

New Payment from Account Specified Below. Discontinue Payment from Account Specified Below.

Account Information: *(Provide information below for one account only.)*

Bank Name _____

Account Type Checking *(please attach voided check)* Savings *(please attach deposit slip)*

Routing Number _____ Account Number _____

Authorization Effective Date _____

I authorize the above-named church to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a non-sufficient fund (NSF) fee charged to my account by my bank for NSF debits.

Authorized Account Signature

Date

FOR CHECKING OR SAVINGS ACCOUNT DEBITS, PLEASE ATTACH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP.