



Gay Street United Methodist Church, 18 North Gay Street, Mount Vernon, OH 43050

ELECTRONIC WITHDRAWAL FORM

2017

Name _____

Bank Name _____

Bank Routing # _____
(first set of numbers on the lower left hand side of your checks—9 digits)

Bank Account # _____
(second set of numbers after the routing numbers)

*For those who are already give electronically, if your routing # and account # are the same as last year, you may just write same on those lines.

Account Type (circle) Unified Budget \$ _____

Checking or Savings Missions \$ _____

Frequency: Living Memorial \$ _____

Monthly 1st or 15th / -or- Weekly Capital Improvements\$ _____

Start date _____ Other \$ _____

Amount per withdrawal \$ _____ Please return completed form to the church office or use the enclosed envelope.

Signature _____

Date _____



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