

## **Automatic Withdrawal Authorization**

Effective Date:	
Name (please print)	Name on Account (if different)
Address	
Daytime Phone Number	Email Address
Co	ontribution Settings
All contributions must be paid from the same ban and would like them deducted from different according contribution category below.	k account entered on this form. If you have more than one contribution ounts, please complete a separate form for each
□ Pledge Contributions Monthly \$	Weekly \$ Other \$
Name as Shown on Account:	
Name of Bank or Financial Institution:	
□ Checking □ Savings	
Routing Number:	Account Number:
Beginning: Month V	Vithdrawal Date: □ 15 <sup>th</sup> of the Month □ Last Day of Month
This authorization is to remain effective until TC@ termination. Notice should be received in time an	(PW) to initiate withdrawals electronically from my financial institution. W or my financial institution has received notification from me of its d in such a manner as to afford TC@W or my financial institution a res the right to end this agreement at any time without prior notice.
Signature of Account Holder	Date
Please return this completed form to:	

The Church at Woodmoor, Attn.: Accounting Manager, 18125 Furrow Road, Monument, CO 80132

Or Email: dhenderson.tcaw@gmail.com