

Marquette Hope

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Electronic Funds Transfer Authorization Form *Automatic Withdrawal*

IMPORTANT REMINDER: A NEW form must be completed each year. Filling out this form will set up your church contribution to be directly withdrawn from your bank account into Marquette Hope's account. You may choose to have this done on the 1st or the 15th of every month and it will show up on your bank statement as such.

Please **PRINT** all information.

NEW **RENEWAL**

Please have \$ _____ automatically deducted from my (check one):

Checking Account

Savings Account

Credit Card

The above amount will be withdrawn on the 1st or 15th of every month. Please choose which date works for you. Your offering will only be taken out once a month.

1st of the month

15th of the month

This will begin in January.

Name: _____
(as it appears on account)

Address: _____

City/State/Zip: _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Credit Card Number: _____

Expiration Date: _____ CVC Number: _____

I, hereby, give Marquette Hope authorization to withdraw the above funds from my bank account.

Signature: _____ Date: _____