



PO Box 625. Willmar. MN. 56201
Phone:320.235.0119

Electronic Funds Transfer Authorization Agreement

Auto-debits are run the 5th of each month. If the 5th falls on a holiday or weekend, then the next business day is used.

Please contact us if you would like to discontinue auto debits. Allow 30 days to process the request.

By signing this form I authorize West Central Youth for Christ to make a monthly deduction of \$_____ from my personal checking account.

Print Full Name_____

Signature_____ Date_____

Phone # (____)_____ Email_____

Please attach a voided check to this form.

Name of Bank_____

City and State of Bank_____

Transit/Routing # _____

Checking account # _____

If you would like to specify a staff member or a ministry area you would like your gift to be applied to please do so here:
