

Gordon Rumford Ministries

WITHDRAWAL AUTHORIZATION FORM

I authorize Gordon Rumford Ministries to arrange automatic deductions from my bank account on the 1st or 16th of each month for payment of my monthly pledge.

◆ Total amount (per month) \$ _____

Commencing (month and year) _____

Ending (month and date) _____

(If no ending date is specified the bank will cease deductions five years from the date of commencement)

◆ Please include a voided cheque.

◆ You can discontinue bank withdrawals any time by contacting our office.

◆ Date of authorization: _____

◆ Authorized signature(s) as required on cheques issued against this account.

Signature

Print name

Signature

Print name