

LIVONIA CHURCH OF CHRIST CONTRIBUTION AUTO ACCOUNT WITHDRAWAL

Your Name: _____

Bank Name: _____

Bank Routing #: _____

Account #: _____

Type of Account (Check One) – Checking _____ Savings _____

Amount to Withdraw: _____

Frequency of Withdrawal: (Check one)

Weekly: _____ - Withdrawals on every Monday

Bi Weekly: _____ - Withdrawals on every other Monday

Bi Monthly: _____ - Withdrawals on the 5th and 20th every month

Monthly: _____ - Withdrawals on the 5th of each month

Current e-mail address: _____

Attach copy of canceled check to this form if you are unsure of your Bank Routing number or your Bank Account number.

If you have any questions regarding this form or program you can call Jeff Herron at (734) 427-8884 or email me at herronj@ameritech.net

Turn completed forms into the collection plate, Jeff Herron or any of the elders