

**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 5<sup>th</sup> and 20<sup>th</sup> every month

Monthly: \_\_\_\_\_ - Withdrawals on the 5<sup>th</sup> 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](mailto:herronj@ameritech.net)

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