

BANK WITHDRAWAL FORM

I (we) hereby authorize Youth With A Mission Tyler to initiate a monthly withdrawal from my checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Youth With A Mission Tyler is notified by me (us) in writing to cancel it in such time as to afford Youth With A Mission and the Financial Institution a reasonable opportunity to act on it.

(Complete as it appears on account)

Name of Financial Institution _____

Location (City, State) _____

Financial Institution's Routing Transit Number
(look between symbols "1" "1" on your check) _____

Name _____

Spouse's Name (if applicable) _____

Address _____

City _____ State _____

ZIP _____ - _____ Ph _____ - _____ - _____

E-mail _____

Checking Account # _____

or

Savings Account # | | | | | | | | | |

Authorization Signature _____

Date _____

Amount charged monthly \$ _____

Area of ministry or name of missionary*

YWAM Bolivia - Street children

*Attach separate note if giving to multiple areas or missionaries.

Transactions will take place automatically on the 13th of each month.

Attach a voided check and return form to
Pat Robinson at the address below.



YWAM TYLER

P.O. Box 3000 • Garden Valley, TX 75771-3000
PH (903) 882-5591 • FAX (903) 882-7673 • www.ywamtyler.org

CREDIT CARD FORM

I (we) hereby authorize Youth With A Mission Tyler to initiate a transaction from my credit card. If giving monthly, this authority will remain in effect until Youth With A Mission Tyler is notified by me (us) in writing to cancel it in such time as to afford Youth With A Mission and the Financial Institution a reasonable opportunity to act on it.

Amount charged to card \$ _____

monthly (start month _____) one-time

Area of ministry or Name of missionary*

YWAM Bolivia - Street children

*Attach separate note if giving to multiple areas or missionaries.

Monthly transactions will take place on the 13th of each month. As with any credit card transaction a percentage fee will be taken out by the credit card company, resulting in a lesser amount being donated.

(Complete as it appears on the credit card)

Name _____

Spouse's Name (if applicable) _____

Address _____

City _____ State _____

ZIP _____ - _____ Ph _____ - _____ - _____

E-mail _____

Master Card VISA

Card # _____

Expiration month _____ Exp. year _____

Have you given to YWAM before? Yes No

Authorization Signature _____

Date _____

Return to Pat Robinson at the address below.

OFFICE USE ONLY:

approval _____

Invoice _____

date _____



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