



Automatic Gift Withdrawal Authorization Jackson Youth for Christ

Name _____

Address _____

City _____ State _____ Zip _____

Email Address (please print clearly) _____

Home Phone _____

Mobile _____

Work _____

Financial Institution: _____

Account #: _____ Bank Routing # _____

I hereby authorize the Financial Institution named above to electronically debit my:

Checking or Savings Account \$ _____ per month

Please Deduct on 31st or 15th of each month

This authority is to remain in full force and effect until Jackson Youth for Christ and Bank have received written notification from me (or either of us) of its termination in such time and in such manner to afford Jackson Youth for Christ and Bank a reasonable opportunity to act on it. A copy of this completed Authorization Agreement will be provided to the donor and his/her banking institution upon request.

Signature: _____ Date _____

NOTE: A voided check must be attached to this form to verify bank account information.

Mail this form and your voided check to:

Jackson Youth For Christ • P.O. Box 12693 • Jackson, MS 39236