

AUTOMATIC WITHDRAWAL AUTHORIZATION

BANK INFORMATION

Bank Name _____

Routing # _____ Account # _____

WITHDRAWAL OPTIONS

WEEKLY

On the _____ day of the week, please withdraw from my bank account the amount of \$ _____.

TWICE MONTHLY

On the _____ & _____ day of the month, please withdraw from my bank account the amount of \$ _____.

MONTHLY

On the _____ day of the month, please withdraw from my bank account the amount of \$ _____.

I (we) authorize The Oaks Baptist Church, to initiate withdrawals from my account. This authorization is to remain in effect until The Oaks Baptist Church has received written notification from me (or either of us).

PRINT NAME _____ PRINT NAME _____

SIGN/DATE _____ SIGN/DATE _____

EMAIL _____ PHONE _____

Please place this card in the offering as it is passed during one of our services or mail to the church office:

The Oaks Baptist Church, 801. E I-20, Grand Prairie, TX 75052- 972.263.2224