



Automatic Bank Withdrawal Form

This form will authorize The Washington Conference to begin an automatic draft from your organization's account. Please complete the document in full.

Name of Organization: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Bank Withdrawal Authorization:

(Authorization to honor payments drawn by Washington Conference, Federal Way, WA)

I understand that my authorization must be received by the 10th of the month to be processed for the month in which it was received. I authorize the Washington Conference to complete an automatic draft for conference remittance by the 15th of every month from the checking account as indicated below. I acknowledge that the monthly remittance report will be emailed to Candace Faletogo at Candace.faletogo@wc.npuc.org by the 10th of every month.

Checking Account Savings Account

Bank Name: _____

Account #: _____ **Routing #:** _____

Signature of Treasurer

Date (MM/DD/YYYY)

Signature of Pastor

Date (MM/DD/YYYY)