



Zwingli United Church of Christ

I/We authorize **Zwingli United Church of Christ** to initiate withdrawals from my/our checking or savings account as indicated below:

New Withdrawal Request Change to Existing Withdrawal

Bank Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Routing/ABA #: _____ Account #: _____

Amount to be withdrawn: \$ _____
 Weekly Bi-Weekly Monthly (check one)

Contribution Allocation:

General Account \$ _____

Missions \$ _____

Capital Campaign \$ _____

Date withdrawals to begin on: _____

The above will remain in effect until Zwingli has received written notification of any change(s).

Name(s) (Please Print): _____

Email Address: _____

Signature of Depositor(s): _____

(If joint account, please include all signatures registered on the account)

Date: _____ Zwingli Envelope #: _____

*For checking accounts, please attach a voided check here
For savings accounts, please attach a deposit slip here*

Thank You for Your Gift!