

Direct Withdrawal Authorization

We hereby authorize Kingston Youth for Christ to withdraw; (please check the appropriate box)

- \$25.00
- \$50.00
- \$100.00
- \$200.00
- Other (please specify) _____

on the 1st or 15th of each month (or in case of a legal holiday or weekend, the next legal banking day after the 1st or 15th). We authorize this withdrawal to begin on:

Day Month Year

Name of Banking Institution

Bank Account Number

Name (please print)

_____ _____
Signature Date

Notes:

- ◆ Please include one blank cheque marked "VOID," along with this authorization form.
- ◆ For joint accounts, all depositors must sign this form if more than one signature is required on cheques issued against the account.
- ◆ Signatories may cancel this authorization at any time with written notice to their banking institution.
- ◆ If you chose to withdraw your support please send written notice to Kingston Youth for Christ.

Thank-you for your support!