



RECURRING AUTOMATIC PAYMENTS FROM MY ACCOUNT

The undersigned, would like Faith and Grace, Inc. to automatically withdraw from my account on the _____ of each month the amount of \$ _____ as my donation to Faith and Grace, Inc. If no specific date is listed, it will be debited on the 20th of the month.

Faith and Grace, Inc. will need the following information:

Name on Account _____

Address on Account _____

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

If you have any questions, please contact: Jean McDougall, Treasurer
(928) 706-3853

This form can be mailed to: Faith and Grace, Inc.
PO Box 774
Lake Havasu City, AZ 86405

Or, this form can be emailed to: faithandgrace858@gmail.com

Dated: _____

Signature