



WEST KALAMAZOO CHRISTIAN CHURCH

Automatic Contribution Form

I hereby authorize West Kalamazoo Christian Church to initiate a withdrawal from my account for the amount indicated on (select one):

- Monthly: on the _____ day of each month Amount: \$ _____
- Weekly: on the _____ day of each week Amount: \$ _____
- Bi-weekly: on the _____ and _____ day of each month Amount: \$ _____

This authorization will continue until I notify West Kalamazoo Christian Church that I wish to end it or change the amount.

(Please notify us of any changes by the 5th of the month)

My name on the account (please include both names if joint account)

My phone number _____

Bank Name _____

Select One: Checking Account _____ Savings Account _____

Bank routing number _____

(the bank routing number is the nine-digit number printed on the bottom left of your checks)

Bank account number _____

(the bank account number is the number printed next to your routing number on the bottom of your checks)

Please Provide a voided check with this form.

(Signature)

(Date)

(Spouse Signature—if joint account)

(Date)

Mail this form to:

West Kalamazoo Christian Church
454 S. Drake Road
Kalamazoo, MI 49009

Or email it to:

secretary@westk.org