

Automatic Account Withdrawal Form

Account information: (Please include a voided check)

If you would like Mennonite Central Committee (MCC) to automatically withdraw donations from your bank or financial institution, please call 888-563-4676 and provide the information below or complete and mail this form to –

Mennonite Central Committee PO Box 500 Akron PA 17501

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL FROM ACCOUNT:

I hereby authorize MCC to make automatic withdrawals each month from my account at the bank or other financial institution named below (here-after referred to as "BANK"). I authorize MCC to withdraw funds from my account in the amount and frequency specified below. This authorization will remain in effect until MCC receives written notification of its termination in such time and in such manner as to afford MCC or the BANK a reasonable opportunity to act on it.

	e(s) on account: Please type or print		Signature
Address:		Phone:	
City, State, Zip		Email:	
Freq	uency (check one):		
	5 th of each month		
	20 th of each month		
Start	date for contributions:		
(NOTI	E: Withdrawal will happen on the first business day after the	e 5 th or 20 th should thos	e days fall over a weekend or holiday)
Rece	eipt Preference:		
	_ One receipt for total year giving – mailed in J	anuary (saves pa r	per and postage!)
	_ One receipt for each gift – mailed after proce	ssing each gift	
	Plea	sa includa a vaid	dad chack for account information

Amount and Designation

Amount and Designation			
\$	Where Needed Most		
\$	Other:		

TOTAL

