

THE ROBIN'S NEST-A CHRISTIAN PRESCHOOL

WITHDRAWAL AUTHORIZATION FORM

COMPANY NAME: **Palm Harbor United Methodist Church**

COMPANY NUMBER: **59-1689278** (Tax ID number)

I (we) authorize **Palm Harbor United Methodist Church**, hereinafter called Company, to initiate debit entries and if necessary, credit entries for adjustment to any debit entries made in error to the account at the Financial Institution as listed below:

Financial Institution:

Bank Name

Routing/Transit # (9 positions)

Bank Address

Checking Account Number

Dates and Amount of Withdrawal:

10 withdrawals of _____ will be made on the 1st of each month from August 2019 - May 2020.

This authority is to remain in full force and effect until Company has received written notification of its termination in such time and in such manner as to afford Company and Depository Institution a reasonable opportunity to act upon it.

Print Name

Child's Name/Children's Names

Authorized Signature

e-mail address

Date

Please provide a **voided check** to verify correct bank routing and account numbers with your financial institution.