

WCYC Bank Draft Registration Form**Name:** _____**Address:** _____**City/St/Zip:** _____**Phone:** _____

I authorize Wisconsin Christian Youth Camp and the financial institution named below to charge my account each month, in the amount shown below. This authority will remain in effect until I give written notice to cancel it. I understand that all changes of status to this agreement may take three to six weeks to be processed.

Amount per month: \$ _____**Monthly withdrawal date:** 1st of the month 15th of the month
(check only one)**Financial Institution's Name:** _____**Account Number:** _____**Financial Institution's Address:** _____**Signature** _____ **Date** _____

Please mail this form to: April Alexander
6835 W Kathleen Ct, #4
Franklin, WI 53132

 Please enclose a voided check or savings deposit slip Keep a copy for your records**Thank you for your commitment to WCYC's ministry to youth!!!**