

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: **Guy Marshall**
2750 Saemann Avenue
Sheboygan, WI 53081

- 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!!!