



Automatic Withdrawal Authorization Form

Your Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Bank Information

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Withdrawals will be taken from (Circle One):

Checking

Savings

Account Number: _____

Routing Number: _____

Amount of Gifts/Donations to be withdrawn at each withdrawal: _____

Is this a one-time gift, or on-going? (Circle One):

One-time

On-going

Date of Withdrawal: 15th of each month

I/we hereby authorize Shine the Light, Inc., or its agents, to transfer the amount listed above from the indicated account on the date/s indicated above.

Signature/s: _____

Please send completed form to:

Shine the Light, Inc.
PO Box 131
Fosston, MN 56542