



Authorization for Automatic Withdrawal

I authorize SEGUE, a ministry of Sabine Creek Ranch, to monthly withdraw the amount specified below automatically from the account indicated below and, if necessary, to adjust or reverse a withdrawal made from my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford SEGUE a reasonable opportunity to act on it.

I would like to support the following SEGUE staff member: _____

Name on bank account:

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____

Important: Please attach a voided check or deposit slip for the bank account from which funds should be withdrawn.

Giver signature: _____

Date: _____