SOARING WINGS
CHRISTIAN HOME AND RANCH
They Shall Renew Their Strength...

Soaring Wings Ranch Monthly Auto Withdraw Authorization Form

Name: _____

I (we) hereby authorize Soaring Wings Ranch to initiate Auto Withdraw entries to my (our) __Checking __Savings account (select one) indicated below and the bank from which it will be debited. All Auto Withdraws will comply with the laws of the United States.

Name of your Bank: _____ Branch_____

City_____ State_____ Zip_____

Account #_____ Amount to be Withdrawn: $_____ Start Date Withdraw:_____

This account is to remain active until Soaring Wings Ranch has received written notification (from either of us) of its termination in such time and in such a manner as to afford Soaring Wings Ranch and your bank a reasonable opportunity to act on it.

PLEASE ATTACH VOIDED CHECK TO THIS FORM Signed: _____

Name: _____ Date: _____ Signed: _____
(Please Print)