WMOT
AUTOMATIC BANK DRAFT FORM

Please check one

_____ **Option 1:** I authorize WMOT to withdraw from my checking account $ _____ per

month for the next _____ months beginning the 19th day of _____.

The total of my gift will be $_____.

--OR--

_____ **Option 2:** I authorize WMOT to withdraw from my checking account $ _____ per
month, indefinitely. Donations to be withdrawn on the 19th day of each month.

Your contribution can be stopped at any time by writing WMOT Membership at the address listed below

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Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Gift Designation: _____

Daytime Phone: _____ Evening Phone: _____

Bank Name (depository): _____

Signature: _____ Date: _____

<u>Please enclose a voided check with this completed form</u>
and return to:
WMOT Membership
P.O. Box 3
Murfreesboro, TN 37132