



THE UNITY OF THE BRETHREN

Electronic Bank Draft Authorization for Mission Support

I hereby authorize a monthly withdrawal in the amount of \$_____ from my

checking ☐ savings ☐ account payable to the Unity of the Brethren in support of

Unity Missions as indicated below. Please withdraw my contribution on the

5th ☐ 15th ☐ of the month beginning _____
Date

The name of my bank is _____

Located in: _____

City

State

Banks Routing and transit number: _____

Bank Account number: _____

\$_____ Home Missions

\$_____ Foreign Missions

I understand that I will need to contact the Unity Financial Secretary if I ever want to stop this monthly draft and allow 30 days for completion.

Name of Account Holder

Signature of Account Holder

Todays Date

Email address

Telephone number

Please mail this completed form to:
Kayla Marek, Unity Financial Secretary
1804 Mallard Ln
Taylor, TX 76574
512-944-2619

**Please attach a voided check
to this form prior to mailing.**