



**AUTOMATIC BANK DRAFT FORM**

Please check one

\_\_\_\_\_ **Option 1:** I authorize Barnabas Vision to withdraw from my checking account \$\_\_\_\_\_ per month for the next \_\_\_\_\_ months beginning the 15<sup>th</sup> day of \_\_\_\_\_.  
The total of my gift will be \$\_\_\_\_\_.

**--OR--**

\_\_\_\_\_ **Option 2:** I authorize Barnabas Vision to withdraw from my checking account \$ \_\_\_\_\_ per month, indefinitely. Donations to be withdrawn on the 15<sup>th</sup> day of each month.

*Your contribution can be stopped at any time by writing the Treasurer of Barnabas Vision at the address listed below*

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name (depository): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please enclose a voided check with this completed form and return to:**  
Treasurer, Barnabas Vision  
P.O. Box 10746  
Murfreesboro, TN 37129-0015