



NOBLE WARRIORS

Bank Draft Form

I (we) authorize Noble Warriors to electronically debit my (our) checking account as follows:

Monthly donation of \$ _____

Please choose one: (circle one) General FUND Carl Benjamin FUND Mike Young FUND

Select your preferred monthly withdrawal date: (circle one) 5th 10th 15th 20th

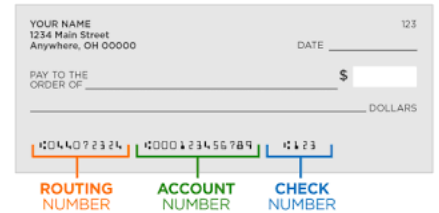
Account Holder's First Name: _____

Account Holder's Last Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____



You can change or cancel this payment option at any time by notifying Noble Warriors up to 5 business days prior to the withdrawal date.

Signature (required to process) _____ Date: _____

Because you have chosen to donate through a bank transfer, there are NO fees for either you or Noble Warriors & 100% of your donation will go towards ministry.

To submit this form, either email Stacy.Young@NobleWarriors.org or mail to our mailing address below.

MAILING ADDRESS

PO BOX 1921
MIDLOTHIAN, VA 23113

WWW.NOBLEWARRIORS.ORG

PHONE: 804.447.1720
OFFICE@NOBLEWARRIORS.ORG

PHYSICAL ADDRESS

13509 E. BOUNDARY ROAD, STE D
MIDLOTHIAN, VA 23112