

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) the undersigned do hereby authorize World Wide New Testament Baptist Missions, hereinafter called the COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

Name(s): _____
Address: _____
Phone: _____ Email: _____
Bank Name: _____
Bank Address: _____
Routing Number: _____ Account Number: _____
Type of Account: Checking Savings

I (we) would prefer that the debit to my (our) account take place on the following date of each month:
 Debit on the 1st Debit on the 5th Debit on the 15th **Specific donations only

Begin the monthly Debits on the following Date: _____

**For specific donations, I (we) understand that debits will take place only when I (we) contact the COMPANY.

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either or us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) understand that the COMPANY must be notified a minimum of five business days prior to the next scheduled debit in order for them to guarantee that changes will take affect.

I (we) would prefer to be receipted by: Hard copy in the mail Email to above address No receipt needed

Please disperse my (our) donation to the following missionaries/projects.

Name of missionary/project	Monthly Amount
Name of missionary/project	Monthly Amount
Name of missionary/project	Monthly Amount
Name of missionary/project	Monthly Amount
Name of missionary/project	Monthly Amount

Total Monthly Amount: _____

Signature	Date
Signature (if joint account)	Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.