



## DONOR DEBIT AUTHORIZATION

### Direct Payment Enrollment for Recurring Donation Payment

#### Initiate Debit Entry Agreement

I/We hereby authorize Obedient Life Ministries, Inc. (hereinafter called OLM) to initiate debit entries to the account at the financial institution designated below.

#### Notice to Amend

I/We hereby authorize OLM to amend an already existing debit entry agreement.

#### Notice to Rescind

I/We hereby give 30 day written notice to OLM to rescind all previous authorizations regarding the following account information below.

NAME(S): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

**Please deduct my direct payment from my account:**

FINANCIAL INSTITUTION: \_\_\_\_\_

ROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**(Please check one)**

CHECKING ACCOUNT:           \$ \_\_\_\_\_

SAVINGS ACCOUNT:           \$ \_\_\_\_\_

**Please debit my account as indicated below:**

On the 5<sup>th</sup> of each month, beginning \_\_\_\_\_ (Month/Year).

On the 20<sup>th</sup> of each month, beginning \_\_\_\_\_ (Month/Year).

**This authority is to remain in full force and effect until OLM has receive 30-day written notice from me (or either of us) of its termination, in such time and in such manner as to afford OLM and the financial institution reasonable time to act on it.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE ENCLOSE VOIDED CHECK WITH THIS FORM.**