

Christian World Missions

AUTHORIZATION AGREEMENT for DIRECT PAYMENT

I hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

In the event the draft is rejected and returned to COMPANY by my bank for any reason (insufficient funds, account closed, etc.), I accept responsibility to remit payment to COMPANY in a timely manner upon notification.

Depository Name _____

City _____ State _____ Zip _____

T/R Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ ID/Account Number _____
(Please Print)

Address: _____ City: _____ State: _____

Email Address: _____

Signature _____ Date _____

Please deduct the following from my account: (Withdrawal will be on the 3rd of the month.)

AMOUNT

- \$30
- \$60
- 120
- \$250
- \$500
- \$1000
- Other \$ _____

SCHEDULE

- Monthly
- Quarterly
- Annually
- One-Time

TO SUPPORT

- As Needed
- Africa
- India
- US Ministry
- Other _____

Thank you for partnering with us!

**Please mail form and a voided check to
Christian World Missions, P.O. Box 985, Starkville, MS 39760**

For more information contact us at 662-324-0390.