

**AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK WITHDRAWAL**

I authorize FACE TO FACE MINISTRIES, INC. to initiate debit entries to my bank account as described below:

**Frequency:**

\_\_\_ Monthly            \_\_\_ Quarterly

(Debits will be made on the 10<sup>th</sup> of the month or the first weekday following the 10<sup>th</sup> should the 10<sup>th</sup> fall on the weekend)

**Contribution Amount:**

\_\_\_ \$200    \_\_\_ \$100    \_\_\_ \$75    \_\_\_ \$50    \_\_\_ \$25    \_\_\_ \$15    \_\_\_ \$10    \_\_\_ Other \_\_\_\_\_

**Bank Information:**

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

City, State, Zip: \_\_\_\_\_

Routing/ABA number (first 9 digits in lower left corner of your check): \_\_\_\_\_

Bank Account number: \_\_\_\_\_

***Please enclose a voided check or deposit slip with this authorization agreement.***

This authorization agreement is to remain in effect until I provide written notification of its termination in such manner as to afford FACE TO FACE MINISTRIES, INC. a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature (required to establish Automatic Debit Payment)

\_\_\_\_\_  
Date

Please mail this form along with a voided check or deposit slip to:

Face To Face, Inc.  
P.O. Box 125  
Columbus , IN 47202-0125