

Name (please print)

Authorization Agreement for Electronic Transfer of Charitable Contributions

Please indicate the purpose for initiation of this fo	orm:
☐ New Agreement ☐ Change to Existing	g Agreement
Donor Name	Address
Envelope Number, (if applicable)	Phone
	IAZARENE (ICN) to initiate debit entries or credit entries, if financial institution named below and the same to such account to my account must comply with the provisions of U.S. law.
□ Checking (please fill out the information below A □ Savings (please fill out the information below A	
Account	nt Name (Title)
Bank Name	Branch
City	State & Zip
Routing Number	Account Number
I wish to contribute the following (please fill in the Amount: Specify Dollar Amount \$00 Frequency: □ Weekly: Beginning on Monday, until Agreement is terminated. □ Monthly: Beginning on Monday, first Monday of each month un	and continuing every Monday . and continuing on or about the
Designation: □ Tithe & Regular Offering \$ □ Building Fund (Sm. Grp/Parking) \$ □ Local Benevolence \$ This authorization is to remain in full force and effect until ICN time and in such manner as to afford ICN and my above-stated.	Faith Promise \$ Kenya's Kids \$ Other has received written notification from me of its termination in such bank a reasonable opportunity to act on it.

Signature

Date