



DEBIT AUTHORIZATION

I (we) hereby authorize **Faith Support Ministry**, hereinafter called “Company,” to initiate 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. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ____ Checking ____ Savings

AMOUNT TO BE DEDUCTED ON THE 15TH OF EACH MONTH \$ _____

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name)

(Signature)

(Print Individual ID Number - optional)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

and return by mail to the address below
or
scan and email to KTF@FCSOC.org