



ACH DEBIT AUTHORIZATION

I hereby authorize Grace Fellowship International to initiate monthly debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address) (City/State) (Zip)
Type of Account: [] Checking [] Savings
(Routing Number) (Account Number)

This authority is to remain in full force and effect until Grace Fellowship International has received written notification from me of its termination in such time and manner as to afford Grace Fellowship International and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature) (Printed Individual Name)

(Date)

I ask Grace Fellowship International to apply this monthly donation to:

- [] General Fund [] Solomon Support [] Woodward Support [] Missions
[] Freeman Support [] Clogg Support [] Other:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

NOTES:
- All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
- All gifts made by ACH transactions to Grace Fellowship International are tax deductible and donation receipts will be issued to donor upon notification of automated deposit.