



AUTHORIZATION FOR AUTOMATIC TRANSFER (ACH)

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

I authorize my bank to transfer the following amount of money each month to Freedom 5:one Ministries. I understand this authorization will remain in effect until I give Freedom 5:one Ministries written notice of change at least 10 business days in advance. I understand that electronic giving is completely voluntary and I may change or end my participation at any time in writing. All ACH transactions will comply with the laws of the United States.

Monthly Partnership in the Amount of: \$ _____

Please Transfer My Gift On The ... **7th** or **21st** of the month

(Circle one)

Please Begin Withdraw (specify month): _____

ACCOUNT INFORMATION:

NAME: _____

BANK: _____

CITY: _____ STATE: _____ ZIP CODE _____

ROUTING AND TRANSFER NUMBER/ABA _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

NAME: _____ (Please Print)

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK