

**AUTHORIZATION AGREEMENT
FOR
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize The God of Hope Ministries hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and / or credit 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.

You must verify your electronic account information with your Financial Institution and attach a voided check or an account verification form from your Financial Institution.

Financial Institution _____ City _____
State _____ Zip _____ Checking or Savings
Routing Number _____ Account Number _____
(For Electronic Transactions)

I would like to donate funds on the following day each month: ____ (Please choose the 1st, 15th or the 25th)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Name(s) _____ ID Number _____
(Optional Company Use)

Signature _____ Date _____



Requirements:

Company and Account Holder must retain a copy of this Agreement for two years past the last transfer date.