



DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I (we) hereby authorize Heart of the Bride Ministries, Inc., hereinafter called HOB, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our (___ Checking) or (___ Savings) account [**select one**] indicated below. In addition I authorize the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account on the **15th** of each month.

BANK
NAME _____
CITY _____ STATE _____
ROUTING/ABA ACCOUNT
NUMBER _____ NUMBER _____
MONTHLY AMOUNT _____
CONTRIBUTION DESIGNATION (if applicable) _____

This authority is to remain in full force and effect until HOB has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HOB and DEPOSITORY a reasonable opportunity to act on it (at least one month in advance.)

NAME(S) _____

ADDRESS _____

PHONE NUMBER _____

EMAIL: _____

(PLEASE PRINT)

DATE _____ SIGNED X _____

SIGNED X _____

Return by Mail to: Holly Moore, Heart of the Bride, P.O. Box 786, Niceville, FL 32588