

ACH Authorization

AUTHORIZATION AGREEMENT FOR DIRECT CONTRIBUTIONS (ACH DEBITS)

I (we) hereby authorize Mission For All Nations, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (circle one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) authorize a monthly debit in the amount of \$_____ U.S dollars. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

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) _____ (Please Print)

Date _____

Signature _____

YOU MAY REVOKE THIS AUTHORIZATION ANY TIME BY SENDING A WRITTEN NOTICE TO 5210 S 21st ST, OMAHA, NE 68107. PLEASE ALLOW 15 DAYS TO CANCEL THIS AUTHORIZATION.

Complete this form and mail or fax it back along with a voided check.

Mission For All Nations
5210 S. 21 ST
OMAHA, NE 68107
FAX:877-881-5732
E-Mail:pmary@missionfan.com

Thanks for Making a Difference!