



Four:15 Apostolic International Network

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Name _____

Cell Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Amount of Each Payment

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Minimum of 50.00 per month

Payment Begins

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EFT Payment Day will be on the 15th of every month

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Glen Berteau Ministries Inc.

Tax ID# 77-0438535

I (we) hereby authorize **Glen Berteau Ministries Inc.**, hereafter called COMPANY, to initiate debit entries to my (our) **Checking Account** or **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force until COMPANY has received written permission 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) _____

Signature _____ (Please Print) _____ Date _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLACE VOID-
ED CHECK
HERE