



faith baptist mission

ACH Automatic Debit Authorization

I, _____, herein authorize and direct Faith's 100, Inc. (d/b/a Faith Baptist Mission), 2140 Crystal Beach Road, Winter Haven, FL 33880, to debit the account indicated below in the accordance with the following terms:

Please describe in detail the missionaries and/or projects that your support is for:

Frequency: Your account will be debited on the 15th day of each month

Note: In months where the 15th falls on a weekend or a holiday, the Automatic Debit will occur the first business day **following** the 15th.

Effective Date: _____ **Amount to Withdraw:** _____

Note: This authorization will remain in full effect until terminated by any one of us. Termination of this authorization may be made by giving a **15 day written notice**.

This account remains subject to its individual terms and conditions, which are not modified by this authorization.

Account Holder: _____

Account Number: _____

Routing/Transit Number (9 digits): _____



Routing Number **Account Number**

Please attach a voided check from this account.

Authorized Signature (must be account holder)

Signature

Address

Date Signed

City, State, Zip

Phone Number

Email Address